DOCUMENT RESUME

ED 305 781 EC 212 581

AUTHOR	White, Carolyn C., Comp.; And Others
TITLE	Persons with Mental Retardation in State-Operated Residential Facilities: Year Ending June 30, 1986 with Longitudinal Trends from 1950 to 1986. Project Report Number 24.
INSTITUTION	Minnesota Univ., Minneapolis. Affiliated Program on Developmental Disabilities.
SPONS AGENCY	Administration on Developmental Disabilities (DHHS), Washington, D.C.
PUB DATE	Oct 87
GRANT	07DD0282/02
NOTE	81p.
AVAILABLE FROM	Center for Residential and Community Services, Minnesota University Affiliated Program on Developmental Disabilities, University of Minnesota, 6 Pattee Hall, 150 Pillsbury Dr., S.E., Minneapolis, MN 55455 ($5.00).
PUB TYPE	Reports - Descriptive (141) -- Statistical Data (110)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Age; Clinical Diagnosis; Costs; *Demography; Longitudinal Studies; *Mental Retardation; Relocation; *Residential Institutions; Residential Patterns; *State Programs; Trend Analysis

ABSTRACT

This report provides statistics on persons with mental retardation in state-operated residential facilities in the United States. Part I presents population data for fiscal year 1986. The statistics represent aggregated data compiled by each state. Data include number of facilities, average daily population, first admissions, readmissions, releases, deaths, and average cost of care. Part II presents statistics on the characteristics and movement of residents in large and small state-operated residential facilities on June 30, 1985. Part II statistics were gathered through facility surveys of all state-operated residential facilities for persons with mental retardation. Data cover age of residents, diagnostic classification of residents, age distribution by state, level of retardation by state, previous place of residence, and previous placement of readmissions. Part III updates statistics on longitudinal trends in the use of state-operated residential facilities from 1950-1986. Statistics are provided for average daily population, movement patterns, and annual per capita costs. (JDD)

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Persons with Mental Retardation in State-Operated Residential Facilities: Year Ending June 30, 1986 with Longitudinal Trends from 1950 to 1986

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Persons with Mental Retardation in
State-Operated Residential Facilities:

Year Ending June 30, 1986 with
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October, 1987

The recommended citation of this publication is:

White, C.C., Lakin, K.C, Hill, B.K., Wright, E.A., & Bruininks, R.H. (1987). *Persons with mental retardation in state-operated residential facilities: Year ending June 30, 1986 with longitudinal trends from 1950 to 1986* (Report No. 24). Minneapolis: University of Minnesota, Department of Educational Psychology.

The Center for Residential and Community Services, Minnesota University Affiliated Program, University of Minnesota conducted this study as part of its National Recurring Data Set Project. The project is supported by a grant (07DD0282/02) from the Administration on Developmental Disabilities, Department of Health and Human Services. Grantees of the Administration on Developmental Disabilities are encouraged to express freely their points of view and opinions. Therefore, this report does not necessarily represent the official position of the Administration on Developmental Disabilities.

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ACKNOWLEDGMENTS

This report is one of a series that since Fiscal Year 1978 has presented basic population data on people with mental retardation in state-operated residential facilities in the United States. The statistics reported here were gathered with support from the Administration on Developmental Disabilities (Grant No. 07DD0282/02). The authors sincerely thank the state mental retardation program directors for their continued support of this project. We are particularly grateful to the individuals in the various states who provided us with the statistics that are contained in this report. Because this report is part of a series, this edition draws heavily on methods, formats, and analyses developed in earlier reports. A number of individuals have contributed significantly to the development of this statistical program. Richard Walker established most of the basic procedures and data elements for the consolidated state reporting system used in this series while with what is now the Administration on Developmental Disabilities. Gordon Krantz refined these and directed the first few surveys in the series with the assistance of Jane Clumpner. Their work was later carried on by Lisa Rotegard. The efforts of all these people have contributed much to this study. Steve McGuire worked his usual magic on the text and on the various spreadsheets and graphs that display the statistics that were gathered.

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INTRODUCTION

This is the sixth publication in a series of Center for Residential and Community Services (CRCS) reports providing statistics on persons with mental retardation in state-operated residential facilities in the United States. Part I of this report presents population data for Fiscal Year 1986. Part II present statistics on the characteristics and movement of residents in large and small state-operated residential facilities on June 30, 1985. Part III updates statistics on longitudinal trends in the use of state-operated residential facilities since 1950.

Reports in this series have covered every fiscal year since 1978 with the exception of 1983. Part I statistics represent aggregated data compiled by each state, with the exception of a few states for which individual facility data were collected and then aggregated by CRCS staff. Part I continues a survey program originated in the Office of Mental Retardation (now the Administration on Developmental Disabilities) in the late 1960s. A review of preceding surveys that contribute to the longitudinal data base in Part III can be found in Lakin, Hill, Street, and Bruininks (1986). Part II statistics were gathered through facility surveys of all (large and small) state-operated residential facilities for persons with mental retardation. Previous surveys of all state-operated facilities were conducted in 1977 and 1982 as part of the CRCS surveys of all residential facilities licensed, contracted, or operated by states for persons with mental retardation (see Hauber, Bruininks, Hill, Lakin, & White, 1984).

This year's report, for the first time, contains statistics on "small" state-operated mental retardation facilities (those with 15 or fewer residents) as well as the larger traditional state facilities. Despite this breakdown by size this report continues its distinction between two general classes of state-operated facility. They are:

> Public Residential Facilities/Mental Retardation (PRF/MR) are state-operated (public, in a slightly restricted sense) residential facilities managed and operated by state employees, which as a whole or as distinct administrative

units are designated to be primarily or exclusively for persons with mental retardation.

Other Public Residential Facilities (PRF/other) are state-operated (public) residential facilities managed and operated by state employees, which as a whole are designated for persons with disabilities other than mental retardation (e.g., a mental health facility) but in which reside at least 10 persons with a primary diagnosis or formal dual diagnosis of mental retardation.

For the purposes of this report, "persons with mental retardation" are those who have been so designated by their respective state governments as part of the process of placing them in the state residential care system. The formal and currently accepted definition of mental retardation is "significant subaverage general intellectual functioning (generally an I.Q. of 69 or below) existing concurrently with deficits in adaptive behavior, and manifested during the developmental period" (Grossman, 1983). Persons designated as multiply handicapped living in "PRF/Other" (usually mentally retarded/mentally ill) present some states with reporting problems, though the problems have become considerably fewer as procedures and data management have improved and the "PRF/Other" population of persons with mental retardation has decreased.

PART I: Persons with Mental Retardation in State-Operated Residential Facilities: Year Ending June 30, 1986

Methods

The survey questionnaire for State-operated Residential Facilities, Fiscal Year 1986, (Part I of a three-part survey which also included sections on nonstate facilities and ICF-MR certified facilities) was mailed with a cover letter to each state's mental retardation program director or a designated "data supplier" on February 20, 1987. These are included in Appendix A. Telephone follow-up began in March to determine which individuals within the state agencies had been given responsibility for compiling the requested information, to clarify questions about the statistics requested, and, of course, to stimulate their response.

Additional follow-up telephone calls to promote initial response and to clarify and edit the statistics on returned questionnaires continued until July 10, 1987 when draft tables of the data prepared from the state questionnaires were sent to all states for verification. Corrections and special notes on state data were completed on August 20, 1987. Compiling statistics from states on PRF/MR and PRF/Other took an average of 6 phone conversations with two or three different people in each state. In 12 states contacts were made with both mental retardation and mental health agencies to gather the required statistics. In three states it was necessary to contact each state-operated residential facility individually to gather the data requested. In two other states PRF-MR data were aggregated by the state agency, but the mental health facilities had to be contacted individually to obtain PRF/Other data.

Response rates for each of the items on the questionnaire are shown on the facing page. For PRF/MR, item response rates ranged from 84% to 100% with generally higher rates for the larger traditional institutions than for the 15 or fewer resident facilities. Item response rates for PRF/Other ranged from 82% to 100%.

Survey Item Response Rates
Fiscal Year 1986

Survey Items	% of PRF/MR 15- beds	% of PRF/MR 16+ beds	% of PRF/Others
1. Number of Facilities:	100	100	100
2. Residents Beginning of Year (July 1)	98	100	100
3. Average Daily Residents (during the year)	96	100	86
4. Residents End of Year (June 30)	98	100	98
5. First Admissions During Year	84	94	90
6. Readmissions During Year	84	88	82
7. Live Releases During Year	84	96	88
8. Deaths During Year	90	98	84
9. Per Diem Cost	94	100	96

Data elements in this report relate generally to the number of facilities and residents, resident movement, and the costs of care. The specific elements and the corresponding definitions can be found in the survey instrument attached as Appendix A. In recent years many states, motivated in part by mandated deinstitutionalization policies, have increased efforts to place residents of large state facilities into smaller residential facilities. To assist in the effort several states have established state-operated, community based group homes and/or apartment programs. To measure the extent of this development, in addition to collecting data on state institution and state hospital populations, this survey also collected data from each state specifically on residents of state-operated facilities with 15 or fewer residents. In this report, those facilities are

frequently referred to as "small." State-operated facilities with more than 15 residents are frequently referred to as "large."

Limitations are encountered when gathering statistics at the state level. Of course, most notable among these are the variations in the types of statistics maintained by the various states. In some instances these are manifested in the general kinds of data available from states, in other instances in the specific operational definitions governing certain data elements. For example, several states indicated that they were unable to provide data on first admissions, readmissions, and releases according to the specific survey definitions, while in others, transfers between state-operated facilities, and respite care placements could not be separated from other movement even though the survey instructions requested they not be included. General problems in the definition of terms are presented in the discussion accompanying each table in the body of the report. Specific state idiosyncracies are reported in the *State Notes* in Appendix B. Although these variations should be noted, it is not likely that they have a substantial effect on national or within state totals or longitudinal trends.

Findings and Discussion

The following 11 tables and accompanying discussion summarize survey findings for the year ending June 30, 1986. The report is organized so that the discussion and accompanying tables are presented side by side. Definitions for each item as well as definitional variations and problems are noted in the discussion. These notes are followed by a short summary of highlights of the statistics in each table. In the discussion of these statistics, the descriptor "small" is often used for state-operated facilities with 15 or fewer residents. In the tables, the abbreviation "15-" refers to these same facilities. The descriptor "large" and the abbreviation "16+" is used in this report for facilities with 16 or more residents. No distinction is made for "large" or "small" PRF/Other. All are assumed to have at least 16 residents.

In Part I a common set of symbols is used for estimated or unreported statistics. These are:

DNF "Data Not Furnished," by the reporting state. It is assumed that this number is larger than zero, but it is unknown.

(e) "Estimated" data have been substituted where exact statistics were not available. It is assumed that these state estimates represent the best available information under existing circumstances.

\+ "+" is used where additional quantities are implied by the "DNF" symbol. When quantities are followed by the "+" symbol, the actual quantity is probably larger than the reported quantity.

NA "Not Applicable" is used where no data are reported because a category of facility is not used in a state, but where zero would be inappropriate and would affect the computation of national averages (especially in states' average daily cost of care in PRF/Other where states report none).

Number of State-Operated Residential Facilities Serving Persons with Mental Retardation

Table 1.1 presents statistics by state on the number of state-operated residential facilities in the United States on June 30, 1986. Separate counts are provided for facilities serving residents with a primary diagnosis of mental retardation in PRF/MR with 15 or fewer residents (15-), PRF/MR with 16 or more residents (16+), PRF/Other, and total facilities.

On June 30, 1986 states indicated a total of 986 separate state-operated residential facilities that served persons with mental retardation. Of these, 874 were PRF/MR and 112 were PRF/Other. Of the 874 PRF/MR, 593 had 15 residents or fewer; 281 had 16 residents or more. All states operated at least one large PRF/MR on June 30, 1986; 14 states operated at least one small PRF/MR. Twenty-three states reported a PRF/Other with residents who were mentally retarded. A review of 1985 state reports suggests that the total of 593 small state-operated facilities on June 30, 1986, represents an increase of 41 facilities or about 7% between June 30, 1985 and June 30, 1986. By far the greatest number of small PRF/MR are operated by New York, with 362 facilities, or 61% of the national total. On June 30, 1986 Texas was operating 79 small PRF/MR. These made up about 13% of the U.S. total.

In comparison with June 30, 1982, the reported number of large PRF/MR shows some increase (245 and 281 respectively). Some of this increase results from reclassification of PRF/Other with distinct mental retardation units to the category of PRF/MR (e.g., five each in Minnesota and Indiana). On the other hand, a number of states have opened relatively smaller, but still more than 15 resident PRF/MR in recent years. The number of PRF/Other has remained quite stable in recent years. There were reported to be 119 PRF/Other on June 30, 1982 and June 30, 1984, and 121 on June 30, 1985. The 112 reported on June 30, 1986, as noted above, reflects reclassification of a few facilities from PRF/Other to PRF/MR.

Table 1.1

Number of State-Operated Residential Facilities Serving Persons with Mental Retardation on June 30, 1986 by State

State	PRF/MR 15- beds	PRF/MR 16+ beds	PRF/OTHER	Total
ALABAMA	0	5	0	5
ALASKA	0	1	0	1
ARIZONA	12	3	0	15
ARKANSAS	0	6	1	7
CALIFORNIA	0	8	0	8
COLORADO	0	3	0	3
CONNECTICUT	44	13	3	60
DELAWARE	0	1	0	1
D.C.	0	1	1	2
FLORIDA	0	6	3	9
GEORGIA	0	8	0	8
HAWAII	1	1	0	2
IDAHO	0	1	0	1
ILLINOIS	0	13	2	15
INDIANA	0	9	0	9
IOWA	0	2	0	2
KANSAS	0	4	0	4
KENTUCKY	0	3	5	8
LOUISIANA	6	9	2	17
MAINE	2	2	1	5
MARYLAND	1	7	4	12
MASSACHUSETTS	0	7	7	14
MICHIGAN	0	8	0	8
MINNESOTA	0	7	0	7
MISSISSIPPI	31	5	0	36
MISSOURI	2	9	10	21
MONTANA	0	2	0	2
NEBRASKA	0	1	0	1
NEVADA	0	2	0	2
NEW HAMPSHIRE	0	1	1	2
NEW JERSEY	0	10	5	15
NEW MEXICO	0	2	0	2
NEW YORK	362	28	32	422
NORTH CAROLINA	0	5	4	9
NORTH DAKOTA	1	2	1	4
OHIO	0	14	7	21
OKLAHOMA	0	3	0	3
OREGON	0	2	0	2
PENNSYLVANIA	0	17	0	17
RHODE ISLAND	21	2	1	24
SOUTH CAROLINA	12	6	0	18
SOUTH DAKOTA	0	2	0	2
TENNESSEE	0	5	5	10
TEXAS	79	15	9	103
UTAH	19	1	0	20
VERMONT	0	1	0	1
VIRGINIA	0	5	4	9
WASHINGTON	0	6	2	8
WEST VIRGINIA	0	3	0	3
WISCONSIN	0	3	2	5
WYOMING	0	1	0	1
U.S. Total	593	281	112	986

Average Daily Population of Persons with Mental Retardation in State-Operated Residential Facilities

Table 1.2 presents state reported statistics on the average daily number of persons with mental retardation in large and small PRF/MR and PRF/Other by state in Fiscal Year 1986. For six states unable to furnish average daily resident (ADR) data for PRF/Other, the ADR was imputed from the average ratio of ADR to year end on roll population in all PRF/Other from 1984 to 1986 (98%). During FY 1986 states had an average daily mentally retarded population in all state-operated residential facilities of 107,750 people. This included 4,454 in small PRF/MR, 100,190 in large PRF/MR, and 3,106 in PRF/Other. In FY 1985 the total average daily mentally retarded population of PRF/MR and PRF/Other was 112,195 people, including 108,105 residents with mental retardation of large PRF/MR and PRF/Other and 4,029 residents with mental retardation in small PRF/MR. Between June 30, 1985 and June 30, 1986 the total number of persons with mental retardation in large state-operated facilities decreased 4,869 persons (or about 4.5%) between 1985 and 1986. During the same period the average daily population of persons with mental retardation in small PRF/MR increased by just over 10%.

The general decrease in the average daily mentally retarded population of all state-operated facilities between Fiscal Year 1985 and Fiscal Year 1986 was evident in nearly every state. Only eight states reported stable or increasing populations in state-operated facilities, and only 5 of these showed increases of 49 or more (a maximum of 158) in ADR. Counting only the large PRF/MR, ADRs increased by 9 or more in only 3 states, with the largest gain being an average of 39 residents per day in large PRF/MR. New York reported the highest daily average number of persons with mental retardation in all three categories of facility, 2,811 in small PRF/MR, 10,713 in large PRF/MR, and 801 in PRF/Other. New York's average daily population of all state-operated facilities (14,325) was nearly 5,000 more than the next highest state, Texas (9,445).

Table 1.2

Average Daily Population of Persons with Mental Retardation in State Operated Residential Facilities in Fiscal year 1986 by State

	PRF/MR		PRF/OTHER	Total
	1-15 beds	16+ beds		
ALABAMA	0	1,350e	0	1,350e
ALASKA	0	66	0	66
ARIZONA	66e	430	0	496e
ARKANSAS	0	1,293	99	1,392
CALIFORNIA	0	6,960	0	6,960
COLORADO	0	1,025	0	1,025
CONNECTICUT	306	2,401	132	2,839
DELAWARE	0	396	0	396
D.C.	0	285	134e	419e
FLORIDA	0	2,121	104e	2,225
GEORGIA	0	2,125	0	2,125
HAWAII	8	293	0	301
IDAHO	0	310	0	310
ILLINOIS	0	4,526	74	4,600
INDIANA	0	2,078	0	2,078
IOWA	0	1,197	0	1,197
KANSAS	0	1,294	0	1,294
KENTUCKY	0	664	185	849
LOUISIANA	34	3,084	36e	3,154
MAINE	25	302	13e	340
MARYLAND	9	1,744	88e	1,841
MASSACHUSETTS	0	3,333	245e	3,578
MICHIGAN	0	2,071e	0	2,071e
MINNESOTA	0	1,897	0	1,897
MISSISSIPPI	208	1,595e	0	1,803e
MISSOURI	16e	1,856	148e	2,020
MONTANA	0	257	0	257
NEBRASKA	0	464	0	464
NEVADA	0	172	0	172
NEW HAMPSHIRE	0	223	35	258
NEW JERSEY	0	5,508	154e	5,662
NEW MEXICO	0	473	0	473
NEW YORK	2,811e	10,713	801	14,325
NORTH CAROLINA	0	2,875	291e	3,166
NORTH DAKOTA	11	576	34e	621
OHIO	0	2,903	178e	3,081
OKLAHOMA	0	1,334	0	1,334
OREGON	0	1,368	0	1,368
PENNSYLVANIA	0	5,526	0	5,526
RHODE ISLAND	145	385	43	573
SOUTH CAROLINA	160	2,682	0	2,842
SOUTH DAKOTA	0	519	0	519
TENNESSEE	0	2,111	82	2,193
TEXAS	530e	8,800	115	9,445
UTAH	125	705	0	830
VERMONT	0	196	0	196
VIRGINIA	0	2,970	70	3,040
WASHINGTON	0	1,844e	20e	1,864e
WEST VIRGINIA	0	480	0	480
WISCONSIN	0	2,000	25	2,025
WYOMING	0	410	0	410
U.S. Total	4,454	100,190	3,106	107,750

Average Daily Population of Persons with Mental Retardation in State-Operated Residential Facilities per 100,000 of the General Population

Table 1.3 presents the average daily population of persons with mental retardation in state-operated residential facilities for Fiscal Year 1986 per 100,000 of state and national populations on July 1, 1985. This statistic is referred to here as the "placement rate."

For Fiscal Year 1986 the national placement rate in state-operated facilities was 45.2. The national placement rate for large PRF/MR was 42.0. For small PRF/MR, the national placement rate was 1.9 and for PRF/Other, the national placement rate was 1.3. In FY 1985, the national placement rate in state-operated facilities was 47.0. Even more notable than the decrease in the placement rate for all state-operated facilities was the decrease in placement rate for large facilities. It decreased from 45.3 in 1985 to 43.3 in 1986. The national decrease in placement rate between Fiscal Years 1985 and 1986 in state-operated facilities was evident in virtually all states. Nevada's and New Mexico's placement rates remained essentially the same. Arkansas increased its placement rate by 2.1 by increasing the population of persons in large PRF/MR. North Carolina's reported rate increased by 1.4 persons per 100,000 due to a higher estimated number of persons with mental retardation in its PRF/Other.

The state with the highest placement in larger state-operated facilities was North Dakota. Although North Dakota remained substantially higher than other states, it has continued its dramatic decrease in its rate of placement into large state facilities (PRF/MR and PRF/Other), from 155 in 1981 to 117 in 1985 and 88 in 1986. The only other states showing placement rates of 80 or more per 100,000 in large state facilities were South Carolina (80), and Wyoming (80), and Connecticut (80). The states with the lowest placement in large state-operated facilities in 1986 were Alaska, Florida, Nevada, and Arizona, all below 20 per 100,000. The highest placement rates in small state-operated facilities were in New York (15.8) and Rhode Island (14.9).

Table 1.3

Average Daily Population of Persons with Mental Retardation in State-Operated Residential Facilities per 100,000 of the General Population in Fiscal Year 1986

State	7/1/85 State Pop.	Average Daily Residents			Placements/100,000			
		1-15 beds	16+ beds	PRF/Other	1-15 beds	16+ beds	PRF/Other	16+ and PRF/Other
ALABAMA	40.2	0	1,350e	0	.0	33.6	.0	33.6
ALASKA	5.2	0	66	0	.0	12.7	.0	12.7
ARIZONA	31.9	66e	430	0	2.1	13.5	.0	13.5
ARKANSAS	23.6	0	1,293	99	.0	54.8	4.2	59.0
CALIFORNIA	263.7	0	6,960	0	.0	26.4	.0	26.4
COLORADO	32.3	0	1,025	0	.0	31.7	.0	31.7
CONNECTICUT	31.7	306	2,401	132	9.7	75.7	4.2	79.9
DELAWARE	6.2	0	396	0	.0	63.9	.0	63.9
D.C.	6.3	0	285	134e	.0	45.2	21.3	66.5
FLORIDA	113.7	0	2,121	104e	.0	18.7	.9	19.6
GEORGIA	59.8	0	2,125	0	.0	35.5	.0	35.5
HAWAII	10.5	8	293	0	.8	27.9	.0	27.9
IDAHO	10.1	0	310	0	.0	30.7	.0	30.7
ILLINOIS	115.4	0	4,526	74	.0	39.2	.6	39.9
INDIANA	55.0	0	2,078	0	.0	37.8	.0	37.8
IOWA	28.8	0	1,197	0	.0	41.6	.0	41.6
KANSAS	24.5	0	1,294	0	.0	52.8	.0	52.8
KENTUCKY	37.3	0	664	185	.0	17.8	5.0	22.8
LOUISIANA	44.8	34	3,084	36e	.8	68.8	.8	69.6
MAINE	11.6	25	302	13e	2.2	26.0	1.1	27.2
MARYLAND	43.9	9	1,744	88e	.2	39.7	2.0	41.7
MASSACHUSETTS	58.2	0	3,333	245e	.0	57.3	4.2	61.5
MICHIGAN	90.9	0	2,071e	0	.0	22.8	.0	22.8
MINNESOTA	41.9	0	1,897	0	.0	45.3	.0	45.3
MISSISSIPPI	26.1	208	1,595e	0	8.0	61.1	.0	61.1
MISSOURI	50.3	16e	1,856	148	.3	36.9	2.9	39.8
MONTANA	8.3	0	257	0	.0	31.0	.0	31.0
NEBRASKA	16.1	0	464	0	.0	28.8	.0	28.8
NEVADA	9.4	0	172	0	.0	18.3	.0	18.3
NEW HAMPSHIRE	10.0	0	223	35	.0	22.3	3.5	25.8
NEW JERSEY	75.6	0	5,508	154e	.0	72.9	2.0	74.9
NEW MEXICO	14.5	0	473	0	.0	32.6	.0	32.6
NEW YORK	177.8	2,811e	10,713	801	15.8	60.3	4.5	64.8
NORTH CAROLINA	62.6	0	2,875	291e	.0	45.9	4.6	50.6
NORTH DAKOTA	6.9	11	576	34e	1.6	83.5	4.9	88.4
OHIO	107.4	0	2,903	178e	.0	27.0	1.7	28.7
OKLAHOMA	33.0	0	1,334	0	.0	40.4	.0	40.4
OREGON	26.9	0	1,368	0	.0	50.9	.0	50.9
PENNSYLVANIA	118.5	0	5,526	0	.0	46.6	.0	46.6
RHODE ISLAND	9.7	145	385	43	14.9	39.7	4.4	44.1
SOUTH CAROLINA	33.5	160	2,682	0	4.8	80.1	.0	80.1
SOUTH DAKOTA	7.1	0	519	0	.0	73.1	.0	73.1
TENNESSEE	47.6	0	2,111	82	.0	44.3	1.7	46.1
TEXAS	163.7	530e	8,800	115	3.2	53.8	.7	54.5
UTAH	16.4	125	705	0	7.6	43.0	.0	43.0
VERMONT	5.3	0	196	0	.0	37.0	.0	37.0
VIRGINIA	57.1	0	2,970	70	.0	52.0	1.2	53.2
WASHINGTON	44.1	0	1,844e	20e	.0	41.8	.5	42.3
WEST VIRGINIA	19.4	0	480e	0	.0	24.7	.0	24.7
WISCONSIN	47.8	0	2,000	25	.0	41.8	.5	42.4
WYOMING	5.1	0	410	0	.0	80.4	.0	80.4
U.S. Total	2,387.7	4,454	100,190	3,106	1.9	42.0	1.3	43.3

Persons with Mental Retardation on the Rolls of State-Operated Facilities at the Beginning and End of the Year

Tables 1.4, 1.5, and 1.6 present statistics on the number of persons with mental retardation on the rolls of state-operated facilities on the first and last days of Fiscal Year 1986. Table 1.4 presents statistics on the number of persons with mental retardation on the rolls of small PRF/MR (15 or fewer residents), large PRF/MR (16 or more residents), and PRF/Other on July 1, 1985. Table 1.5 presents statistics on the number of persons with mental retardation on the rolls of the three types state-operated facilities on June 30, 1986. Table 1.6 presents statistics on the net change in the number of residents with mental retardation in large and small PRF/MR and PRF/Other from July 1, 1985 to June 30, 1986. In examining these statistics it is important to note that "bookkeeping" practices associated with "on the rolls" status do not always precisely reflect "in residence" status.

As shown most clearly in Table 1.6, there was a consistent tendency for states to reduce the number of persons with mental retardation on the rolls of large state-operated facilities in Fiscal Year 1986. Overall, nationally there was a decrease of 4.8% in the on-rolls population of persons with mental retardation in state-operated facilities from the beginning to the end of Fiscal Year 1986. Only 5 states showed a net increase in large state facility population over that period, the greatest reported increase being 3.0% in New Mexico. Twelve states showed a net reduction of more than 10% in the number of persons with mental retardation in their large state-operated facilities from July 1, 1985 to June 30, 1986. The largest decreases were in North Dakota (35.8%) and the District of Columbia (26.6%). Remarkably, between July 1, 1984 and June 30, 1986 North Dakota reduced its number of persons in large state facilities from 892 to 475 (47%). The number of residents in small PRF/MR increased by about 6% during Fiscal Year 1986, while PRF/Other had a net national decrease of about 12% in the number of residents with mental retardation.

Table 1.4

Persons with Mental Retardation on the Rolls of State-Operated Residential Facilities at the Beginning of Fiscal Year 1986 by State

State	PRF/MR 15-	PRF/MR 16+	PRF/OTHER	TOTAL
ALABAMA	0	1,410	0	1,410
ALASKA	0	73	0	73
ARIZONA	66e	439	0	505e
ARKANSAS	0	1,361	99	1,460
CALIFORNIA	0	7,099	0	7,099
COLORADO	0	1,097	0	1,097
CONNECTICUT	284	2,557	130	2,971
DELAWARE	0	419	0	419
D.C.	0	437	134e	571e
FLORIDA	0	2,206	112e	2,318
GEORGIA	0	2,132	0	2,132
HAWAII	8	322	0	330
IDAHO	0	321	0	321
ILLINOIS	0	4,538	60	4,598
INDIANA	0	2,402	0	2,402
IOWA	0	1,204	0	1,204
KANSAS	0	1,363	0	1,363
KENTUCKY	0	684	210	894
LOUISIANA	34	3,157	91	3,282
MAINE	25	316	16	357
MARYLAND	16	2,325	122	2,463
MASSACHUSETTS	0	3,654	270	3,924
MICHIGAN	0	2,211	0	2,211
MINNESOTA	0	1,984	0	1,984
MISSISSIPPI	213	1,622e	0	1,835e
MISSOURI	16e	1,868	144	2,028
MONTANA	0	257	0	257
NEBRASKA	0	488	0	488
NEVADA	0	172	0	172
NEW HAMPSHIRE	0	249	36	285
NEW JERSEY	0	5,564	167	5,731
NEW MEXICO	0	468	0	468
NEW YORK	2,717	11,200	891	14,808
NORTH CAROLINA	0	3,023	307	3,330
NORTH DAKOTA	12	693	47	752
OHIO	0	2,812	173e	2,985
OKLAHOMA	0	1,510	0	1,510
OREGON	0	1,420	0	1,420
PENNSYLVANIA	0	5,980	0	5,980
RHODE ISLAND	150	409	45	604
SOUTH CAROLINA	170	2,736	0	2,906
SOUTH DAKOTA	0	555	0	555
TENNESSEE	0	2,157	90	2,247
TEXAS	530e	9,151	115	9,796
UTAH	127	740	0	867
VERMONT	0	198	0	198
VIRGINIA	0	3,156	81	3,237
WASHINGTON	0	1,848	21	1,869
WEST VIRGINIA	0	477	0	477
WISCONSIN	0	2,030	25	2,055
WYOMING	0	406	0	406
U.S. Total	4,368	104,900	3,386	112,654

Table 1.5

Persons with Mental Retardation on the Rolls of State-Operated Residential Facilities at the End of Fiscal Year 1986 by State

	PRF/MR		PRF/Other	Total
	15-	16+		
ALABAMA	0	1,333	0	1,333
ALASKA	0	59	0	59
ARIZONA	66e	429	0	495e
ARKANSAS	0	1,359	97	1,456
CALIFORNIA	0	6,902	0	6,902
COLORADO	0	969	0	969
CONNECTICUT	347	2,438	120	2,905
DELAWARE	0	394	0	394
D.C.	0	285	134e	419e
FLORIDA	0	2,094	112e	2,206
GEORGIA	0	2,127	0	2,127
HAWAII	8	279	0	287
IDAHO	0	287	0	287
ILLINOIS	0	4,475	37	4,512
INDIANA	0	2,302	0	2,302
IOWA	0	1,143	0	1,143
KANSAS	0	1,345	0	1,345
KENTUCKY	0	678	179	857
LOUISIANA	34	3,042	37	3,113
MAINE	24	304	13	341
MARYLAND	13	2,203	90	2,306
MASSACHUSETTS	0	3,438	250	3,688
MICHIGAN	0	1,930	0	1,930
MINNESOTA	0	1,780	0	1,780
MISSISSIPPI	216	1,628e	0	1,844e
MISSOURI	16e	1,858	151	2,025
MONTANA	0	257	0	257
NEBRASKA	0	468	0	468
NEVADA	0	166	0	166
NEW HAMPSHIRE	0	198	28	226
NEW JERSEY	0	5,453	157	5,610
NEW MEXICO	0	482	0	482
NEW YORK	2,905	10,910	729	14,544
NORTH CAROLINA	0	2,880	302	3,182
NORTH DAKOTA	12	437	38	487
OHIO	0	2,895	178	3,073
OKLAHOMA	0	1,354	0	1,354
OREGON	0	1,294	0	1,294
PENNSYLVANIA	0	5,647	0	5,647
RHODE ISLAND	155	366	42	563
SOUTH CAROLINA	150	2,628	0	2,778
SOUTH DAKOTA	0	497	0	497
TENNESSEE	0	2,159	75	2,234
TEXAS	530e	8,267	80	8,877
UTAH	140	671	0	811
VERMONT	0	195	0	195
VIRGINIA	0	3,047	92	3,139
WASHINGTON	0	1,839	24	1,863
WEST VIRGINIA	0	485	0	485
WISCONSIN	0	1,969	25	1,994
WYOMING	0	414	0	414
U.S. Total	4,616	100,059	2,990	107,665

Table 1.6

Net Change in the Number of Persons with Mental Retardation on the Rolls of State-Operated Residential Facilities on the First and Last Day of Fiscal Year 1986 by State

State	PRF/MR 1-15 Begin	PRF/MR 1-15 End	PRF/MR 1-15 Percent	PRF/MR 16+ Begin	PRF/MR 16+ End	PRF/MR 16+ Percent	PRF/Other Begin	PRF/Other End	PRF/Other Percent	PRF/MR 16+ and PRF/Other Begin	PRF/MR 16+ and PRF/Other End	PRF/MR 16+ and PRF/Other Percent
ALABAMA	0	0	.0%	1,410	1,333	-5.5%	0	0	.0%	1,410	1,333	-5.5%
ALASKA	0	0	.0%	73	59	-19.2%	0	0	.0%	73	59	-19.2%
ARIZONA	66e	66e	.0%	439	429	-2.3%	0	0	.0%	439	429	-2.3%
ARKANSAS	0	0	.0%	1,361	1,359	-.1%	99	97	-2.0%	1,460	1,456	-.3%
CALIFORNIA	0	0	.0%	7,099	6,902	-2.8%	0	0	.0%	7,099	6,902	-2.8%
COLORADO	0	0	.0%	1,097	969	-11.7%	0	0	.0%	1,097	969	-11.7%
CONNECTICUT	284	347	22.2%	2,557	2,438	-4.7%	130	120	-7.7%	2,687	2,558	-4.8%
DELAWARE	0	0	.0%	419	394	-6.0%	0	0	.0%	419	394	-6.0%
D.C.	0	0	.0%	437	285	-34.8%	134e	134e	.0%	571e	419	-26.6%
FLORIDA	0	0	.0%	2,206	2,094	-5.1%	112e	112e	.0%	2,318	2,206	-4.8%
GEORGIA	0	0	.0%	2,132	2,127	-.2%	0	0	.0%	2,132	2,127	-.2%
HAWAII	8	8	.0%	322	279	-13.4%	0	0	.0%	322	279	-13.4%
IDAHO	0	0	.0%	321	287	-10.6%	0	0	.0%	321	287	-10.6%
ILLINOIS	0	0	.0%	4,538	4,475	-1.4%	60	37	-38.3%	4,598	4,512	-1.9%
INDIANA	0	0	.0%	2,402	2,302	-4.2%	0	0	.0%	2,402	2,302	-4.2%
IOWA	0	0	.0%	1,204	1,143	-5.1%	0	0	.0%	1,204	1,143	-5.1%
KANSAS	0	0	.0%	1,363	1,345	-1.3%	0	0	.0%	1,363	1,345	-1.3%
KENTUCKY	0	0	.0%	684	678	-.9%	210	179	-14.8%	894	857	-4.1%
LOUISIANA	34	34	.0%	3,157	3,042	-3.6%	91	37	-59.3%	3,248	3,079	-5.2%
MAINE	25	24	-4.0%	316	304	-3.8%	16	13	-18.8%	332	317	-4.5%
MARYLAND	16	13	-18.8%	2,325	2,203	-5.2%	122	90	-26.2%	2,447	2,293	-6.3%
MASSACHUSETTS	0	0	.0%	3,654	3,438	-5.9%	270	250	-7.4%	3,924	3,688	-6.0%
MICHIGAN	0	0	.0%	2,211	1,930	-12.7%	0	0	.0%	2,211	1,930	-12.7%
MINNESOTA	0	0	.0%	1,984	1,780	-10.3%	0	0	.0%	1,984	1,780	-10.3%
MISSISSIPPI	213	216	1.4%	1,622	1,628	.4%	0	0	.0%	1,622	1,628	.4%
MISSOURI	16e	16e	.0%	1,868	1,858	-.5%	144	151	4.9%	2,012	2,009	-.1%
MONTANA	0	0	.0%	257	257	.0%	0	0	.0%	257	257	.0%
NEBRASKA	0	0	.0%	488	468	-4.1%	0	0	.0%	488	468	-4.1%
NEVADA	0	0	.0%	172	166	-3.5%	0	0	.0%	172	166	-3.5%
NEW HAMPSHIRE	0	0	.0%	249	198	-20.5%	36	28	-22.2%	285	226	-20.7%
NEW JERSEY	0	0	.0%	5,564	5,453	-2.0%	167	157	-6.0%	5,731	5,610	-2.1%
NEW MEXICO	0	0	.0%	468	482	3.0%	0	0	.0%	468	482	3.0%
NEW YORK	2,717	2,905	6.9%	11,200	10,910	-2.6%	891	729	-18.2%	12,091	11,639	-3.7%
NORTH CAROLINA	0	0	.0%	3,023	2,880	-4.7%	307	302	-1.6%	3,330	3,182	-4.4%
NORTH DAKOTA	12	12	.0%	693	437	-36.9%	47	38	-19.1%	740	475	-35.8%
OHIO	0	0	.0%	2,812	2,895	3.0%	173e	178	2.9%	2,985	3,073	2.9%
OKLAHOMA	0	0	.0%	1,510	1,354	-10.3%	0	0	.0%	1,510	1,354	-10.3%
OREGON	0	0	.0%	1,420	1,294	-8.9%	0	0	.0%	1,420	1,294	-8.9%
PENNSYLVANIA	0	0	.0%	5,980	5,647	-5.6%	0	0	.0%	5,980	5,647	-5.6%
RHODE ISLAND	150	155	3.3%	410	366	-10.7%	45	42	-6.7%	455	408	-10.3%
SOUTH CAROLINA	170	150	-11.8%	2,736	2,628	-3.9%	0	0	.0%	2,736	2,628	-3.9%
SOUTH DAKOTA	0	0	.0%	555	497	-10.5%	0	0	.0%	555	497	-10.5%
TENNESSEE	0	0	.0%	2,157	2,159	.1%	90	75	-16.7%	2,247	2,234	-.6%
TEXAS	530e	530e	.0%	9,151	8,267	-9.7%	115	80	-30.4%	9,266	8,347	-9.9%
UTAH	127	140	10.2%	740	671	-9.3%	0	0	.0%	740	671	-9.3%
VERMONT	0	0	.0%	198	195	-1.5%	0	0	.0%	198	195	-1.5%
VIRGINIA	0	0	.0%	3,156	3,047	-3.5%	81	92	13.6%	3,237	3,139	-3.0%
WASHINGTON	0	0	.0%	1,848	1,839	-.5%	21	24	14.3%	1,869	1,863	-.3%
WEST VIRGINIA	0	0	.0%	477	485	1.7%	0	0	.0%	477	485	1.7%
WISCONSIN	0	0	.0%	2,030	1,969	-3.0%	25	25	.0%	2,055	1,994	-3.0%
WYOMING	0	0	.0%	406	414	2.0%	0	0	.0%	406	414	2.0%
U.S. Total	4,368	4,616	5.7%	104,901	100,059	-4.6%	3,386	2,990	-11.7%	108,287	103,049	-4.8%

First Admissions of Persons with Mental Retardation to State-Operated Residential Facilities

Table 1.7 reports first admissions to state-operated residential facilities in Fiscal Year 1986. In this survey first admissions were defined as persons who had never previously resided in any state-operated residential facility. However, in many states this specific statistic is not available and persons reported as "first admissions" are persons who were new to the particular facility to which they had been admitted, but who may have previously resided in another state facility. In those states "first admission" totals are assumed to be somewhat inflated. For FY 1986 three states were unable to furnish first admission data on large PRF/MR; nine were unable to provide those data for PRF/Other; eight were unable to provide those data for small PRF/MR.

In Fiscal Year 1986 states reported a total of 3,234 first admissions to large PRF/MR and PRF/Other. They reported 2,693 first admissions to large PRF/MR. Estimations of first admissions to PRF/MR in the three nonreported states based on last available information (FY 1985) would produce an estimate of 2,879 first admissions to PRF/MR in FY 1986. States reported 541 first admissions to PRF/Other. Data for states unable to report first admission to PRF/Other were imputed based on the average daily population of these PRF/Other. They produce a national estimate of about 648 first admissions. Therefore, there were an estimated 3,527 first admissions to large state institutions in FY 1986. About 18% of first admissions were to PRF/Other. This is notable considering that only about 3% of the total average daily residents lived in PRF/Other. The large proportion of first admissions to PRF/Other is counterbalanced by similarly high total releases from such facilities (see Table 1.9). Obviously PRF/Other provide relatively short-term placements for persons with mental retardation.

Hawaii, New Hampshire, Vermont, and the District of Columbia reported no first admissions to large PRF/MR in Fiscal Year 1986. Alaska, Idaho, Kentucky, and North Dakota each reported 4 or fewer first admissions.

Table 1.7

First Admissions of Persons with Mental Retardation to State-Operated Residential Facilities During Fiscal Year 1986 by State

State	PRF/MR 15-	PRF/MR 16+	PRF/Other	Total
ALABAMA	0	67	0	67
ALASKA	0	2	0	2
ARIZONA	DNF	23	0	23+
ARKANSAS	0	85	0	85
CALIFORNIA	0	288	0	288
COLORADO	0	36	0	36
CONNECTICUT	DNF	DNF	27	27+
DELAWARE	0	8	0	8
D.C.	0	0	DNF	0+
FLORIDA	0	41	5e	46
GEORGIA	0	133	0	133
HAWAII	8	0	0	8
IDAHO	0	2	0	2
ILLINOIS	0	73	11	84
INDIANA	0	93	0	93
IOWA	0	11	0	11
KANSAS	0	52	0	52
KENTUCKY	0	2	9	11
LOUISIANA	DNF	148	DNF	148+
MAINE	9	32	8	49
MARYLAND	38	75	DNF	113+
MASSACHUSETTS	0	53	DNF	53+
MICHIGAN	0	DNF	0	0+
MINNESOTA	0	201	0	201
MISSISSIPPI	40	104e	0	144e
MISSOURI	DNF	12	1e	13+
MONTANA	0	8	0	8
NEBRASKA	0	10	0	10
NEVADA	0	18	0	18
NEW HAMPSHIRE	0	0	1	1
NEW JERSEY	0	DNF	53	53+
NEW MEXICO	0	97e	0	97e
NEW YORK	DNF	349	119	468+
NORTH CAROLINA	0	6	143	149
NORTH DAKOTA	5	4	19	28
OHIO	0	41	45	86
OKLAHOMA	0	37	0	37
OREGON	0	34	0	34
PENNSYLVANIA	0	69	0	69
RHODE ISLAND	23	11	0	34
SOUTH CAROLINA	DNF	90	0	90+
SOUTH DAKOTA	0	23	0	23
TENNESSEE	0	49	61	110
TEXAS	DNF	100	DNF	100+
UTAH	DNF	34	0	34+
VERMONT	0	0	0	0
VIRGINIA	0	54	10	64
WASHINGTON	0	63	24	87
WEST VIRGINIA	0	17	0	17
WISCONSIN	0	20	5e	25
WYOMING	0	18	0	18
U.S. Total	123	2,693	541	3,357
Est. Total	123	2,879	648	3,650

Readmissions of Persons with Mental Retardation to State-Operated Residential Facilities

Table 1.8 summarizes statistics on readmissions to state-operated residential facilities in Fiscal Year 1986. In this survey readmissions were defined as persons who had at least once before been a resident of a state-operated residential facility. However, in many states this specific statistic was not available and persons reported as "readmissions" included only people who had previously resided in the specific facility to which they were admitted during the year. In those states the number of "readmissions" is assumed to be somewhat deflated. Statistics on readmissions were not available on large PRF/MR for 6 states, on small PRF/MR for 8 states, and on PRF/Other for 9 states, in some instances because first admissions and readmissions were combined.

In Fiscal Year 1986 states reported readmitting 4,258 persons with mental retardation to large PRF/MR and PRF/Other. Forty-five states reported 3,405 readmissions to large PRF/MR in FY 1986. Using the latest available information on nonreporting states (FY 1985), the total estimated readmissions to PRF/MR in FY 1986 would be 3,656. Forty-two states reported 853 readmissions to PRF/MR. Imputing data for states unable to report readmissions based on their average daily population of PRF/Other yielded an estimated national total of 1,144 readmissions to PRF/Other in FY 1986. Therefore, there was an estimated total of 4,800 readmissions of persons with mental retardation to large state institutions in FY 1986. About 24% of readmissions in FY 1986 were to PRF/Other, even though PRF/Other housed only about 3% of the average daily population. As noted in the discussion of first admissions, these facilities show high activity in all resident movement categories, indicating short-term residential care functions.

In 1986 two states reported no readmissions to PRF/MR, the District of Columbia and Nebraska. Eighteen states reported 10 or fewer. The highest reported total was 889 in New York. New York readmissions represented 19% of all readmissions to large state-operated facilities.

Table 1.8

Readmissions of Persons with Mental Retardation to State-Operated Residential Facilities During Fiscal Year 1986 by State

	PRF/MR		PRF/Other	Total
	15-	16+		
ALABAMA	0	8	0	8
ALASKA	0	1	0	1
ARIZONA	DNF	10	0	10+
ARKANSAS	0	9	0	9
CALIFORNIA	0	227	0	227
COLORADO	0	26	0	26
CONNECTICUT	DNF	DNF	32	32+
DELAWARE	0	1	0	1
D.C.	0	0	DNF	0+
FLORIDA	0	38	DNF	38+
GEORGIA	0	298	0	298
HAWAII	0	30	0	30
IDAHO	0	4	0	4
ILLINOIS	0	82	31	113
INDIANA	0	129	0	129
IOWA	0	47	0	47
KANSAS	0	54	0	54
KENTUCKY	0	14	22	36
LOUISIANA	DNF	14	DNF	14+
MAINE	19	268	DNF	287+
MARYLAND	21	615	DNF	636+
MASSACHUSETTS	0	DNF	DNF	DNF+
MICHIGAN	0	DNF	0	DNF+
MINNESOTA	0	239	0	239
MISSISSIPPI	5	86e	0	91e
MISSOURI	DNF	DNF	DNF	DNF
MONTANA	0	6	0	6
NEBRASKA	0	0	0	0
NEVADA	0	30	0	30
NEW HAMPSHIRE	0	3	0	3
NEW JERSEY	0	DNF	42	42+
NEW MEXICO	0	9e	0	9e
NEW YORK	DNF	654	235	889+
NORTH CAROLINA	0	23	272	295
NORTH DAKOTA	0	4	21	25
OHIO	0	44	DNF	44+
OKLAHOMA	0	7	0	7
OREGON	0	37	0	37
PENNSYLVANIA	0	47	0	47
RHODE ISLAND	3	18	0	21
SOUTH CAROLINA	DNF	DNF	0	DNF
SOUTH DAKOTA	0	6	0	6
TENNESSEE	0	47	83	130
TEXAS	DNF	61	DNF	61+
UTAH	DNF	63	0	63+
VERMONT	0	1	0	1
VIRGINIA	0	91	71	162
WASHINGTON	0	35	44	79
WEST VIRGINIA	0	6	0	6
WISCONSIN	0	6	0	6
WYOMING	0	7	0	7
				0
U.S. Total	48	3,405	853	4,306
Est. Total	48	3,656	1,144	4,848

Releases of Persons with Mental Retardation from State-Operated Residential Facilities

Table 1.9 summarizes statistics reported by the states on residents released from state-operated residential facilities in Fiscal Year 1986. For the purposes of this study releases were defined as persons with mental retardation who were officially released from facilities and removed from the rolls during the year. Two states were unable to provide number of releases from large PRF/MR; six from PRF/Other, and 8 from small PRF/MR.

States reported a total of 8,990 releases from large PRF/MR, 156 from small PRF/MR and 1,662 from PRF/Other for FY 1986. Estimations of releases from PRF/MR in the two nonreporting states based on the most recent available data (FY 1985) produces a total national estimate of 9,399 releases from large PRF/MR in 1986. Imputing PRF/Other releases from nonreporting states based on average daily population of PRF/Other would yield an estimated total of 1,999 releases from PRF/Other in FY 1986. The ratio of releases to average daily population for large state facilities in 1986 (1:9.1) was considerably larger than the 1985 rate (1:10.6). The proportion of total releases from state-operated facilities reported for PRF/Other (17%) again reflected the high movement rates of PRF/Other residents, who made up only 3% of the population of all state-operated facilities. In Fiscal Year 1986 states varied substantially in the total number and rates of release from their large state-operated facilities. Vermont and Montana reported fewer than 10 releases, while California, Minnesota, North Carolina, New York, and Maryland all reported over 500. New York reported by far the greatest number of releases from large state-operated residential facilities in 1986. Its total 1,609 represented about 14% of all releases nationally. However, proportional to average daily population, North Dakota was most active in releasing residents of large state facilities. It had almost 1 release during the year for every 2 persons in average daily population.

Table 1.9

Releases of Persons with Mental Retardation from State-Operated Residential Facilities During Fiscal Year 1986 by State

	PRF/MR			
	15-	16+	PRF/Other	Total
ALABAMA	0	189	0	189
ALASKA	0	17	0	17
ARIZONA	DNF	36	0	36+
ARKANSAS	0	87	0	87
CALIFORNIA	0	583	0	583
COLORADO	0	175	0	175
CONNECTICUT	DNF	DNF	66	66+
DELAWARE	0	28	0	28
D.C.	0	152	DNF	152+
FLORIDA	0	173	5e	178
GEORGIA	0	431	0	431
HAWAII	0	73	0	73
IDAHO	0	35	0	35
ILLINOIS	0	258	14	272
INDIANA	0	315	0	315
IOWA	0	148	0	148
KANSAS	0	108	0	108
KENTUCKY	0	18	58	76
LOUISIANA	DNF	211	DNF	211+
MAINE	29	313	DNF	342+
MARYLAND	62	776	DNF	838+
MASSACHUSETTS	0	177	DNF	177+
MICHIGAN	0	DNF	0	0+
MINNESOTA	0	622	0	622
MISSISSIPPI	41	173e	0	214e
MISSOURI	DNF	326	27e	353
MONTANA	0	9	0	9
NEBRASKA	0	27	0	27
NEVADA	0	52	0	52
NEW HAMPSHIRE	0	53	8	61
NEW JERSEY	0	170	105	275
NEW MEXICO	0	83	0	83
NEW YORK	DNF	1,108	501	1,609+
NORTH CAROLINA	0	155	402	557
NORTH DAKOTA	5	254	47	306
OHIO	0	75	92	167
OKLAHOMA	0	188	0	188
OREGON	0	43	0	43
PENNSYLVANIA	0	378	0	378
RHODE ISLAND	19	65	3	87
SOUTH CAROLINA	DNF	129	0	129+
SOUTH DAKOTA	0	75	0	75
TENNESSEE	0	70	142	212
TEXAS	DNF	169	DNF	169+
UTAH	DNF	151	0	151+
VERMONT	0	2	0	2
VIRGINIA	0	140	91	231
WASHINGTON	0	83	96	179
WEST VIRGINIA	0	15	0	15
WISCONSIN	0	56	5e	61
WYOMING	0	16	0	16
U.S. Total	156	8,990	1,662	10,808
Est. Total	156	9,399	1,999	11,554

Deaths of Persons with Mental Retardation in State-Operated Residential Facilities

Table 1.10 summarizes statistics reported by the states on the number of persons with mental retardation who died while on the rolls of state-operated residential facilities in Fiscal Year 1986. Caution must be exercised in comparing or interpreting death rates across states. Residents with life threatening conditions are sometimes transferred to medical hospitals or skilled nursing homes, particularly when acute medical services are not available in a state facility. State facility residents who die in a hospital or skilled nursing facility may or may not still be on the rolls of the state-operated facility when they die. Caution is also required in making interstate comparisons of deaths among state facility populations because states vary substantially in the demographic characteristics of those populations. Part II of this report addresses this issue with some detail.

In Fiscal Year 1986 1,308 deaths were reported in large PRF/MR by the 50 states providing this statistic. A total of 39 deaths were reported by 43 states in their PRF/Other. Statistics on deaths in small PRF/MR are not reliable in the absence of data from New York which operates the majority of such facilities in the U.S. Using 1985 data from Michigan, the only state unable to report PRF/MR deaths for 1986, an estimate of 1,322 deaths nationwide would be obtained. Imputing data for states unable to report PRF/Other deaths based on their average daily population would yield an estimated 45 deaths in PRF/Other. The estimated total of 1,367 deaths in large state institutions is considerably fewer (about 170) than the year earlier and the percentage of deaths to the average daily population of large state facilities (1.3%) for the year is the lowest ever recorded (down from 1.9% in 1975 and 1.4% in 1985). The decreasing death rate is notable in light of the increasing proportion of PRF/MR and PRF/Other residents who are 55 and older (see Part II). Death rates for large PRF/MR (1.3) and PRF/Other (1.4) were almost identical.

Table 1.10

Deaths of Persons with Mental Retardation in State-Operated Residential Facilities During Fiscal Year 1986 by State

State	PRF/MR 15-	PRF/MR 16+	PRF/Other	Total
ALABAMA	0	21	0	21
ALASKA	0	0	0	0
ARIZONA	DNF	7	0	7+
ARKANSAS	0	9	2	11
CALIFORNIA	0	129	0	129
COLORADO	0	10	0	10
CONNECTICUT	1	22	3	26
DELAWARE	0	6	0	6
D.C.	0	0	DNF	0+
FLORIDA	0	18	0	18
GEORGIA	0	5	0	5
HAWAII	0	3	0	3
IDAHO	0	5	0	5
ILLINOIS	0	61	2	63
INDIANA	0	7	0	7
IOWA	0	10	0	10
KANSAS	0	19	0	19
KENTUCKY	0	4	4	8
LOUISIANA	DNF	66	DNF	66+
MAINE	0	10	DNF	10+
MARYLAND	0	36	DNF	36+
MASSACHUSETTS	0	39	DNF	39+
MICHIGAN	0	DNF	0	0+
MINNESOTA	0	22	0	22
MISSISSIPPI	1	26e	0	27e
MISSOURI	DNF	30	3e	33+
MONTANA	0	5	0	5
NEBRASKA	0	3	0	3
NEVADA	0	1	0	1
NEW HAMPSHIRE	0	1	1	2
NEW JERSEY	0	61	0	61
NEW MEXICO	0	8	0	8
NEW YORK	DNF	223	16	239+
NORTH CAROLINA	0	25	4	29
NORTH DAKOTA	0	10	2	12
OHIO	0	28	DNF	28+
OKLAHOMA	0	12	0	12
OREGON	0	12	0	12
PENNSYLVANIA	0	71	0	71
RHODE ISLAND	2	7	0	9
SOUTH CAROLINA	0	51	0	51
SOUTH DAKOTA	0	12	0	12
TENNESSEE	0	34	2	36
TEXAS	DNF	48	DNF	48+
UTAH	0	8	0	8
VERMONT	0	2	0	2
VIRGINIA	0	55	DNF	55+
WASHINGTON	0	24	0	24
WEST VIRGINIA	0	0	0	0
WISCONSIN	0	31	0	31
WYOMING	0	11	0	11
U.S. Total	4	1,308	39	1,351
Est. Total	4	1,322	45	1,371

Average Cost of Care for Persons with Mental Retardation in State-Operated Residential Facilities

Table 1.11 summarizes statistics provided by states on the costs of services for persons with mental retardation residing in their state-operated residential facilities. The state costs reported are average per resident per day costs. The national averages presented are the average daily per resident costs reported by states weighted by the state's average daily residential population, or the average per resident cost. Every state was able to report the average daily cost for large PRF/MR for Fiscal Year 1986. Every state but Maryland and Massachusetts was able to provide this statistic for PRF/Other. Three states were unable to provide the per resident cost statistic for their small PRF/MR.

Average per day cost of care in state-operated facilities varied considerably across the United States. As usual, Alaska reported the highest cost of care in large PRF/MR ($288.58 per day), reflecting in large part its high cost of living. Alaska was followed by Rhode Island ($224.33), District of Columbia ($200 est.), New York ($199.40), and North Dakota ($197.40). In all, 11 states had annual per resident costs in PRF/MR above $60,000 ($165 per day). States with relatively low daily costs were Mississippi ($55 est.), Texas ($76.48), South Dakota ($78.89), and South Carolina ($79.86). Only 10 states currently have per resident per day average costs below $100 in their PRF/MR. From Fiscal Year 1985 to 1986 the per resident per day average cost of care in large PRF/MR increased from $121.29 to $130.29. The 21 states providing for persons with mental retardation in PRF/Other and having access to the costs of care for those facilities reported an average per resident cost of $153.18. PRF/Other costs averaged about 18% more than those of large PRF/MR, but their 5% increase between 1985 and 1986 was less than the 7% observed in PRF/MR. Costs of care reported by 11 states for small PRF/MR averaged $117.99 per resident per day or about 9% less than those of large PRF/MR.

Table 1.11

Average Per Resident Daily Cost of Care for Persons with Mental Retardation in State-Operated Residential Facilities During Fiscal Year 1986 by State

State	PRF/MR 15-	PRF/MR 16+	PRF/Other
ALABAMA	N/A	$112.00	N/A
ALASKA	N/A	$288.58	N/A
ARIZONA	$69.20	$124.17	N/A
ARKANSAS	N/A	$101.32	$115.00e
CALIFORNIA	N/A	$174.79	N/A
COLORADO	N/A	$109.52	N/A
CONNECTICUT	$142.39	$166.39	$203.12
DELAWARE	N/A	$106.51	N/A
D.C.	N/A	$200.00e	$225.00e
FLORIDA	N/A	$116.00	$190.49
GEORGIA	N/A	$160.00e	N/A
HAWAII	$240.00	$135.93	N/A
IDAHO	N/A	$115.45	N/A
ILLINOIS	N/A	$125.30	$132.11
INDIANA	N/A	$99.61	N/A
IOWA	N/A	$135.23	N/A
KANSAS	N/A	$121.00e	N/A
KENTUCKY	N/A	$121.54	$88.36
LOUISIANA	$56.82	$89.65	$131.81
MAINE	$115.00	$183.25	$144.00
MARYLAND	DNF	$128.91e	DNF
MASSACHUSETTS	N/A	$182.00	DNF
MICHIGAN	N/A	$166.63	N/A
MINNESOTA	N/A	$147.35	N/A
MISSISSIPPI	$23.67e	$55.00e	N/A
MISSOURI	$78.32	$102.44	$200.62
MONTANA	N/A	$137.16	N/A
NEBRASKA	N/A	$106.16	N/A
NEVADA	N/A	$133.11	N/A
NEW HAMPSHIRE	N/A	$189.69	$224.00
NEW JERSEY	N/A	$90.00	$121.00e
NEW MEXICO	N/A	$104.67	N/A
NEW YORK	$128.80	$199.40	$159.04
NORTH CAROLINA	N/A	$134.11	$132.10
NORTH DAKOTA	DNF	$197.40	$101.35
OHIO	N/A	$139.11	$138.72
OKLAHOMA	N/A	$121.21	N/A
OREGON	N/A	$101.05	N/A
PENNSYLVANIA	N/A	$129.27	N/A
RHODE ISLAND	$155.00	$224.33	$176.00
SOUTH CAROLINA	$73.66	$79.86	N/A
SOUTH DAKOTA	N/A	$78.89	N/A
TENNESSEE	N/A	$94.64	$146.79
TEXAS	DNF	$76.48	$111.09
UTAH	$26.18	$110.00	N/A
VERMONT	N/A	$149.00	N/A
VIRGINIA	N/A	$115.00	$200.00e
WASHINGTON	N/A	$133.92	$117.10
WEST VIRGINIA	N/A	$90.50	N/A
WISCONSIN	N/A	$115.00	$200.00e
WYOMING	N/A	$97.00	N/A
U.S. Total	$117.99	$130.29	$153.18

PART II: Characteristics and Movement of Persons with Mental Retardation in State-Operated Residential Facilities of Different Sizes on June 30, 1985

Methods

To present a picture of the characteristics of residents of state-operated residential facilities and the movement of residents into and out of these facilities, Part II of this report describes the results of a facility survey of all state-operated facilities for persons with mental retardation identified by the states as operating on June 30, 1985. This survey included questions on demographic, diagnostic, and functional characteristics of each facility's residents and on patterns of resident movement, including previous place of residence of new admissions and readmissions to state-operated residential facilities.

Data on 264 large state-operated residential facilities (16 or more residents) and 3 small state-operated facilities (15 or fewer residents) were gathered under the auspices of the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded (also published separately by Scheerenberger, 1986). Data from 24 additional large state-operated facilities and from 459 small state-operated facilities were gathered by staff of the Center for Residential and Community Services, University of Minnesota. Data collection was carried out primarily by mail with telephone follow-up to nonrespondents. Three instruments were used in this survey. They included a long form (21 items) for large state facilities, a short form (10 items) for large and small facilities, and a minimum data set of 5 questions on current resident population gathered by post card and telephone follow-up.

Table 2.1 shows the number of large and small state-operated facilities on lists provided by states and the number of facilities responding/not responding to this survey. On June 30, 1985 states reported themselves to be operating a total of 814 facilities, including 43 small facilities for which they could not supply data at the state level, and eleven PRF/Other facilities that had administratively distinct mental retardation units

(Lakin, et al., 1986). Mailing addresses were obtained for all 814 facilities. Of the total 814 questionnaires mailed, 64 facilities were determined to be non-eligible for the reasons listed in Table 2.1.

Responses were obtained from 100% of facilities known to be eligible, including 267 facilities surveyed by Scheerenberger (1986) and 483 surveyed by CRCS. CRCS mailed a short-form questionnaire, followed by a second copy to nonrespondents after several weeks, and a five item postcard to nonrespondents after several additional weeks. Data for these five items for all facilities not responding after three mailings were gathered by a telephone call either to the facility or to the appropriate state mental retardation office.

Findings and Discussion

The most recent statistics on the number of state-operated residential facilities and persons with mental retardation living in them were presented in Part I of this report. Part II examines the characteristics and movement of the residents of those facilities, based on a survey of state-operated facilities in operation on June 30, 1985.

Characteristics of Residents

Age of residents. Table 2.2 provides a summary of age, diagnostic, and functional characteristics of residents of large and small state-operated residential facilities on June 30, 1985. With respect to age, there are no major differences between state-operated facilities of various sizes in the age distribution of their residents. In state-operated facilities of 6 or fewer residents, 7 to 15 residents and 16 or more residents, adults from 22 years to 54 years form the bulk of the residential population (75%, 73%, and 72% respectively). Children and youth (birth to 21 years) are a distinct minority in state-operated facilities making up 15.5% of the population of the smallest group residences (6 or fewer residents), 8.2% of the residents of the 7 to 15 person homes, and 17.2% of the larger state facilities. The lower percentage of young residents in the 7-15 person homes

Table 2.1

Total Reported and Total Responding State-Operated Residential Facilities for Persons with Mental Retardation on June 30, 1985

	Facility Size 1-15 Residents	16+ Residents	Total
Original list of facilities	526	288	814
Not Eligible			
Privately operated as of 6-3-85[a]	19	0	19
Opened after 6-30-85[b]	19	0	19
Closed/moved as of 6-30-85[b]	11	0	11
Not 24 hour supervision	5	0	5
Respite care only	2	0	2
No MR as of 6-30-85	2	0	2
Not eligible for other reason	6	0	6
TOTAL	64	0	64
Number of respondents	462	288	750
Percent of eligible facilities responding[c]	100%	100%	100%

[a]A state took over operation of these facilities shortly after 6-30-85.

[b]The registry, compiled in the Fall of 1985, included some facilities that opened a short time after June 30 and a few that had closed or moved shortly before June 30.

[c]Data for some respondents were obtained by telephone.

Table 2.2

Characteristics of Residents of State-Operated Residential Facilities by Facility Size: June 30, 1985

Characteristic	Facility Size: 6 or Fewer Residents (N=581)	7-15 Residents (N=3,130)	16 or More Residents (N=105,369)	Total
Age				
0-4	2.0%	.4%	.3%	.3%
5-9	.3%	.8%	1.1%	1.1%
10-14	.6%	.9%	3.3%	3.3%
15-21	12.6%	6.1%	12.5%	12.4%
22-39	54.2%	45.8%	52.8%	52.6%
40-54	20.9%	26.8%	19.5%	19.6%
55+	9.5%	19.3%	10.4%	10.6%
	100.0%	100.0%	100.0%	100.0%
Level of Retardation				
Border/mild	30.2%	16.6%	7.0%	7.3%
Moderate	24.4%	29.2%	10.9%	11.4%
Severe	26.1%	32.1%	22.2%	22.4%
Profound	19.3%	22.2%	60.0%	58.9%
	100.0%	100.0%	100.0%	100.0%
Functional Limitations				
Cannot walk	13.9%	11.7%	27.3%	26.9%
Cannot talk	26.1%	26.8%	54.6%	53.7%
Not toilet-trained	7.9%	8.7%	40.8%	39.7%

is counterbalanced by a relatively higher proportion of residents 55 years and older (19.3% versus 9.5% and 10.4% for the smallest and largest facilities respectively). In comparison with the age distribution of persons in similar sizes and types of private group residential facilities on June 30, 1982, the year of the latest available information, state facilities of 6 or fewer, 7 to 15, and 16 and more residents had a lower percentage of children and youth (15.5%, 8.2%, and 7.2% respectively versus 25.8%, 16.4%, and 32.0%, respectively). The percentage of children and youth in large state facilities in 1985 (17.2%) was considerably below the 1982 average of 22.0% (Hill & Lakin, 1985).

Diagnostic classification of residents. Table 2.2 also provides a breakdown of the percentage of residents in different sizes of state-operated residential facilities by their diagnosed level of retardation. These statistics show small state-operated facilities to be serving very different residential populations, at least with respect to diagnosed level of mental retardation, than larger facilities. While 82% of the residents in large state facilities were severely or profoundly mentally retarded, only 45.4% of the residents of the smallest state-operated group homes and 54.3% of the residents of the 7-15 person group homes were severely or profoundly retarded. Even more notable was the proportion of profoundly retarded residents of large (60%) and small (19%) state facilities. Despite their resident populations being considerably less impaired than those of large state institutions, small state-operated group residences still had populations that appear to be considerably more impaired than private group residences of the same sizes. In 1982, the last year of available data, 37.8% of the persons living in small private (1-6 bed) group residences and 29.8% of those living in 7-15 person private group residences were severely or profoundly retarded. A major factor contributing to more severely impaired small state-operated facility populations is, as will be noted in discussing resident movement, that most small state-operated facility residents come from the larger state institutions which primarily house persons with severe and profound mental retardation.

At the same time, it is notable that states are selecting relatively less severely impaired state institution residents for their small state facilities.

Functional characteristics. Table 2.2 indicates the percentage of residents of state-operated residential facilities reported to have important functional limitations. As would be expected based on the much higher proportion of profoundly impaired residents in large institutions, the populations of large state facilities were much more likely to have limitations in independence and self-care. Large institutions reported that 27.3% of their residents were unable to walk. This compared with 13.9% of residents of 6 or fewer person group residences and 11.7% of 7-15 person group residences. Large institutions reported that over one-half of their residents (54.6%) were unable to talk, as compared with 26.1% of the small state facility residents. Large state facilities reported that 40.8% of their residents were not toilet trained. This compared with 7.9% of the residents of the 6 or fewer resident state group residences and 8.7% of the 7-15 person state group residences. The proportion of nonambulatory large state facility residents increased from 25.5% to 27.3% between 1982 and 1985. The proportion of nonverbal state institution residents increased from 49.1% to 54.6% from 1982 to 1985. The proportion of residents who were not toilet trained increased from 38.0% to 40.8%. While not directly a "cause" of the increasing proportion of serious functional limitations among large state institution residents, clearly there is a strong association between the increased prevalence of these limitations and the increasing proportion of large state facility residents with profound mental retardation (from 55.8% to 60.0% between 1982 and 1985).

Age by level of retardation in large state facilities. The raw data in Table 2.3 have been presented earlier in a report by Scheerenberger (1985). They are presented here as a crosstabulation of the percentage of residents by age by level of retardation to present a more detailed picture of the changing populations of large facilities. It was noted earlier that 82.2% of residents of large state institutions were severely or profoundly

retarded on June 30, 1985. Table 2.3 presents evidence of a clear relationship between age and level of retardation among state institution populations. For example, in large state facilities, there is a steadily decreasing proportion of persons with profound retardation among residents older age groups, ranging from 91.6% of young children to only 41.8% of persons 55 and older. Conversely, the proportion of residents who are mildly and moderately retarded ranges from 1.2% of birth to 4 year olds to 28.3% of 55 year olds and older. Clearly the tendency to retain older persons in large state facilities, even when their degrees of impairment are similar to or even less severe than the groups being actively discharged, and the tendency to admit only the most severely impaired children to institutions will further the trend toward older and more severely impaired resident populations.

State-by-State Resident Characteristics

Age distribution of residents by state. Table 2.4 presents a state-by-state age distribution of residents in large state-operated facilities. Data on age of residents of the major state facility were not reported for the District of Columbia (Forest Haven Institute) or for Nebraska (Beatrice State Developmental Center). This table shows clearly the dramatic variability among states in the ages of persons in their large state-operated facilities, although some caution must be exercised in interpreting these data because of large differences in the total and relative size of the institution population in various states. While nationally less than 5% of large state facility residents are under 15 years old, states vary in the proportion of residents under 15 years--from 44.7% in Hawaii; 14.5% in Oklahoma, and 15% in Oregon to less than 1% in Alabama, Massachusetts, New Hampshire, Ohio, Pennsylvania, Rhode Island, South Dakota, and Vermont. Three states had over twice the average national percentage (17.1%) of total residents age group 21 and younger (Hawaii, 78.0%; Oklahoma, 50.4%; Nevada, 38.0%).

Table 2.3

Age by Level of Retardation: Residents in Large State-Operated Residential Facilities on June 30, 1985

Level of Retardation	Chronological Age							
	0-4	5-9	10-14	15-21	22-39	40-54	55+	N
Mild	1.2%	3.3%	5.1%	6.8%	6.4%	8.3%	13.1%	5883
Moderate	.0%	4.2%	7.1%	10.1%	10.1%	12.5%	15.2%	8657
Severe	7.2%	13.9%	17.9%	18.8%	20.6%	24.9%	29.8%	17464
Profound	91.6%	78.6%	69.9%	64.3%	62.9%	54.4%	41.8%	47507
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	79511

Table 2.4

Age of Residents of Large State-Operated Residential Facilities by State: June 30, 1985

State	Level of Retardation							Total
	0-4	5-9	10-14	15-21	22-39	40-54	55+	
Alabama	.0%	.0%	.8%	7.4%	51.2%	25.3%	15.3%	100.0%
Alaska	1.4%	.0%	2.7%	6.9%	87.7%	1.4%	.0%	100.0%
Arizona	1.1%	.8%	1.1%	9.1%	67.8%	18.1%	2.1%	100.0%
Arkansas	.0%	.4%	6.2%	25.8%	53.3%	13.5%	.8%	100.0%
California	1.0%	1.1%	2.3%	10.9%	60.5%	17.6%	6.7%	100.0%
Colorado	.5%	2.1%	3.8%	8.3%	59.1%	20.1%	6.2%	100.0%
Connecticut	.0%	.1%	1.6%	11.9%	56.2%	22.1%	8.1%	100.0%
Delaware	.2%	.7%	2.9%	8.7%	51.2%	19.2%	17.1%	100.0%
Dist. Columbia	-	-	-	-	-	-	-	-
Florida	.0%	.2%	1.5%	11.2%	61.8%	17.9%	7.3%	100.0%
Georgia	.6%	1.4%	4.2%	13.6%	55.2%	18.6%	6.5%	100.0%
Hawaii	1.4%	12.5%	30.8%	33.3%	9.2%	7.8%	5.0%	100.0%
Idaho	.6%	4.1%	2.2%	11.3%	51.9%	20.3%	9.7%	100.0%
Illinois	.2%	.5%	2.5%	18.3%	56.0%	17.7%	4.9%	100.0%
Indiana	.0%	.8%	3.5%	11.4%	56.5%	19.9%	8.0%	100.0%
Iowa	.1%	.8%	2.0%	13.6%	63.4%	14.7%	5.4%	100.0%
Kansas	1.1%	3.2%	7.4%	20.2%	52.8%	11.9%	3.5%	100.0%
Kentucky	.0%	1.1%	3.4%	19.1%	63.3%	12.2%	.9%	100.0%
Louisiana	.9%	3.8%	7.7%	15.9%	48.5%	14.4%	8.9%	100.0%
Maine	.3%	1.0%	5.2%	9.0%	50.4%	21.0%	13.1%	100.0%
Maryland	.5%	2.4%	4.8%	16.8%	53.8%	15.0%	6.8%	100.0%
Massachusetts	.0%	.0%	.3%	4.3%	43.4%	32.2%	19.9%	100.0%
Michigan	.1%	.4%	1.3%	9.2%	58.2%	20.7%	10.1%	100.0%
Minnesota	.0%	.3%	1.5%	6.9%	57.9%	24.3%	9.1%	100.0%
Mississippi	.4%	2.0%	6.3%	17.0%	40.8%	21.4%	12.1%	100.0%
Missouri	.3%	.9%	2.8%	11.2%	58.8%	17.5%	8.7%	100.0%
Montana	.4%	.4%	1.6%	9.0%	63.8%	17.9%	7.0%	100.0%
Nebraska	-	-	-	-	-	-	-	-
Nevada	.0%	2.3%	8.2%	27.5%	52.6%	7.6%	1.8%	100.0%
New Hampshire	.0%	.0%	.8%	4.6%	54.1%	26.3%	14.2%	100.0%
New Jersey	.0%	.2%	.9%	9.6%	51.6%	23.5%	14.2%	100.0%
New Mexico	1.0%	1.5%	7.5%	15.2%	60.6%	12.3%	1.9%	100.0%
New York	.1%	.5%	1.5%	10.5%	46.2%	24.1%	17.2%	100.0%
N. Carolina	.0%	.4%	1.1%	10.9%	61.8%	18.4%	7.4%	100.0%
N. Dakota	.9%	2.0%	2.2%	9.3%	42.9%	27.6%	15.1%	100.0%
Ohio	.0%	.0%	.6%	7.7%	57.8%	21.8%	12.1%	100.0%
Oklahoma	.0%	2.7%	11.8%	35.9%	46.8%	2.4%	.4%	100.0%
Oregon	.7%	3.9%	10.4%	15.2%	57.9%	10.0%	1.8%	100.0%
Pennsylvania	.0%	.2%	.7%	5.2%	53.6%	23.4%	16.9%	100.0%
Rhode Island	.0%	.0%	.5%	4.3%	45.1%	21.1%	29.1%	100.0%
S. Carolina	.5%	1.8%	7.3%	15.1%	45.1%	21.4%	8.9%	100.0%
S. Dakota	.0%	.0%	.0%	6.1%	42.4%	30.8%	20.7%	100.0%
Tennessee	.7%	2.5%	3.1%	11.2%	50.9%	19.3%	12.5%	100.0%
Texas	.1%	1.1%	4.3%	15.9%	46.4%	19.2%	12.9%	100.0%
Utah	.3%	1.9%	8.0%	17.8%	58.1%	12.0%	2.0%	100.0%
Vermont	.0%	.0%	.5%	9.6%	55.6%	18.2%	16.2%	100.0%
Virginia	.3%	.8%	2.3%	11.2%	51.3%	19.7%	14.4%	100.0%
Washington	.4%	1.2%	4.2%	15.9%	56.4%	18.2%	3.8%	100.0%
W. Virginia	.7%	1.7%	6.0%	18.5%	67.1%	6.0%	.0%	100.0%
Wisconsin	.8%	2.8%	4.9%	17.5%	57.9%	12.7%	3.4%	100.0%
Wyoming	1.1%	3.8%	8.3%	8.8%	35.1%	17.1%	25.8%	100.0%
U.S. Total	.3%	1.1%	3.3%	12.4%	52.7%	19.6%	10.6%	100.0%

Note. Rows may not sum to 100% because of rounding. Dashes indicate missing data.

With respect to older residents, while the national average proportion of residents 55 years and older was 10.6%, three states reported percentages of more than 20% (Rhode Island, 29.1%; Wyoming, 25.8%; South Dakota, 20.7%). At the other extreme 5 states reported less than 1% of their large state facility residents as being 55 years and older (Alaska, .0%; Arkansas, .8%; Kentucky, .9%; Oklahoma, .4%; West Virginia, .0%). It is also notable that 52.7% of all large state facility residents on June 30, 1985 fell in the age range of 22-39 years and that in all but 12 of 49 reporting states most residents were in that age group. While 22 to 39 year olds constitute a demographic bulge in the U.S. population, on June 30, 1985 they represented only about 30.3% of the total U.S. population.

Level of retardation of residents by state. Table 2.5 presents the state-by-state distribution of residents of all state-operated residential facilities. The response rate for this item was insufficient to report data for the District of Columbia or Nebraska. Nationally, nearly 60% of state facility residents are persons with profound retardation. But there is an equally notable tendency for states to vary amongst themselves in this regard. For example, on June 30, 1985, persons with profound retardation made up less than 50% of the state institution populations in nine states (Alabama, 43.8%; Arizona, 44.4%; Massachusetts, 34.5%; Mississippi, 45.5%; Missouri, 48.2%; New Hampshire, 48.4%; North Dakota, 48.2%; Oklahoma, 43.3%; Vermont, 46.0%). At the other extreme persons with profound mental retardation made up more than 70% of the state institution population in seven states (Hawaii, 71.4%, Idaho, 70.6%; Illinois, 71.8%; Michigan, 70.2%; Montana, 73.9%; South Dakota, 76.8%; West Virginia, 88.9%). Even greater variability was found among states in the proportions of their institution populations made up by persons with mild and moderate retardation. Nationally about 18.5% of state institution residents were mildly or moderately mentally retarded. Notably above the national average were five states with over 25% of their state institution populations made up of persons with

Table 2.5

Level of Retardation of Residents of State-Operated Residential Facilities by State: June 30, 1985

State	Level of Retardation				
	Borderline or Mild	Moderate	Severe	Profound	Total
Alabama	2.7%	12.1%	41.4%	43.8%	100.0%
Alaska	1.4%	9.6%	35.6%	53.4%	100.0%
Arizona	4.6%	18.5%	32.4%	44.4%	100.0%
Arkansas	4.6%	16.3%	28.8%	50.3%	100.0%
California	7.1%	8.5%	14.5%	70.0%	100.0%
Colorado	9.4%	11.2%	17.1%	62.3%	100.0%
Connecticut	5.8%	15.2%	24.5%	54.5%	100.0%
Delaware	8.7%	13.9%	17.1%	60.3%	100.0%
Dist. Columbia	-	-	-	-	-
Florida	9.4%	12.3%	15.3%	63.1%	100.0%
Georgia	4.3%	11.0%	22.2%	62.6%	100.0%
Hawaii	2.2%	9.4%	16.9%	71.4%	100.0%
Idaho	2.5%	7.2%	19.7%	70.6%	100.0%
Illinois	3.2%	7.6%	17.4%	71.8%	100.0%
Indiana	14.2%	13.8%	20.4%	51.6%	100.0%
Iowa	12.0%	15.8%	17.9%	54.4%	100.0%
Kansas	8.2%	10.4%	14.7%	66.7%	100.0%
Kentucky	2.8%	7.4%	23.4%	66.5%	100.0%
Louisiana	6.9%	9.3%	22.3%	61.5%	100.0%
Maine	1.6%	3.2%	25.6%	69.6%	100.0%
Maryland	2.0%	5.4%	23.5%	69.2%	100.0%
Massachusetts	13.8%	10.7%	41.0%	34.5%	100.0%
Michigan	4.7%	7.3%	17.8%	70.2%	100.0%
Minnesota	8.0%	8.5%	22.1%	61.4%	100.0%
Mississippi	13.7%	17.3%	23.5%	45.5%	100.0%
Missouri	10.3%	13.6%	27.9%	48.2%	100.0%
Montana	4.7%	15.6%	5.8%	73.9%	100.0%
Nebraska	-	-	-	-	-
Nevada	12.9%	13.5%	19.9%	53.8%	100.0%
New Hampshire	6.3%	12.1%	33.2%	48.4%	100.0%
New Jersey	7.6%	11.2%	23.4%	57.9%	100.0%
New Mexico	5.2%	9.0%	22.9%	62.9%	100.0%
New York	8.9%	12.2%	22.4%	56.5%	100.0%
N. Carolina	3.3%	8.1%	20.6%	68.0%	100.0%
N. Dakota	8.0%	13.1%	30.7%	48.2%	100.0%
Ohio	6.0%	15.2%	24.9%	53.9%	100.0%
Oklahoma	12.9%	19.7%	24.0%	43.3%	100.0%
Oregon	10.7%	13.4%	16.9%	58.9%	100.0%
Pennsylvania	5.3%	9.4%	24.6%	60.7%	100.0%
Rhode Island	2.3%	8.3%	23.2%	66.2%	100.0%
S. Carolina	7.5%	9.5%	20.9%	62.1%	100.0%
S. Dakota	4.8%	5.3%	13.1%	76.8%	100.0%
Tennessee	7.2%	9.1%	18.1%	65.7%	100.0%
Texas	5.8%	16.5%	26.2%	51.6%	100.0%
Utah	10.7%	9.9%	24.0%	55.5%	100.0%
Vermont	4.6%	12.6%	36.9%	46.0%	100.0%
Virginia	4.5%	11.6%	23.4%	60.6%	100.0%
Washington	5.7%	9.8%	18.9%	65.7%	100.0%
W. Virginia	.0%	1.4%	9.8%	88.9%	100.0%
Wisconsin	3.6%	7.3%	24.5%	64.6%	100.0%
Wyoming	12.5%	11.3%	13.0%	63.3%	100.0%
U.S. Total	7.1%	11.4%	22.5%	59.1%	100.0%

Note. Rows may not sum to 100% because of rounding. Dashes indicate missing data.

mild or moderate (or "borderline") mental retardation (Indiana, 28.0%; Iowa, 27.7%; Mississippi, 31.0%; Nevada, 26.3%; Oklahoma, 32.6%). At the other extreme in the tendency to use large state facilities as placements for persons with mild or moderate retardation were four states with less than 10% of the state facility population being mildly or moderately mentally retarded (Idaho, 9.7%; Maine, 4.8%; Maryland, 7.3%; West Virginia, 1.4%). With respect to borderline and mildly retarded persons only, the states with the highest proportions within their institution populations were Indiana (14.2%), Iowa (12.0%), Massachusetts (13.8%), Mississippi (13.7%), Nevada (12.9%), Oklahoma (12.9%), and Wyoming (12.5%). Again, caution must be used in making direct comparisons between states on the proportions of their residential populations in the different categories of mental retardation. Obviously such comparisons must also consider the total size and relative size (e.g., residents per 100,000 of the state's population) of large state facilities.

Resident Movement

Net movement. Table 2.6 presents summary statistics on resident movement into and out of state-operated residential facilities for persons with mental retardation during Fiscal Year 1986. The statistics here differ from those in Part I in that they are facility based rather than state aggregates. "New admissions" refers to persons newly admitted to a specific facility, not to the entire system of state facilities as reported as "first admissions" in Part I. Similarly, the term "readmissions" used in Part I of this report refers to persons readmitted to any state facility after once before residing in the same or another facility, whereas in Part II it refers to residents readmitted to a specific facility after previously having resided in the same facility. These differences in definition tend to make "new admissions" to specific facilities more numerous than "first admissions" statewide and readmissions to specific facilities less numerous than readmissions statewide.

Table 2.6

Movement of Residents in State-Operated Residential Facilities in Fiscal Year 1985

Characteristic	Facility Size 1-6	7-15	16+	Total
Movement				
New Admissions	26.6%	19.6%	4.2%	4.6%
Readmissions	.0%	.2%	1.8%	1.7%
Releases	13.6%	14.7%	8.0%	8.2%
Deaths	.0%	.7%	1.4%	1.3%

Note. Data represent movement into or out of specific facilities.

As expected, among the small state-operated facilities inmovement (new admissions and readmissions) was greater than outmovement (releases and deaths) as new small facilities opened and as these facilities were increasing in total population. Among large state facilities outmovement was greater than inmovement. During Fiscal Year 1985, large state facilities operating on June 30, 1985 reported movement statistics indicating a net loss of residents equal to 3.5% of their June 30, 1985 residents. The number of residents moved out of large state facilities was actually somewhat larger because these statistics do not include outmovement from facilities that closed during the period July 1, 1984 to June 30, 1985.

It is interesting to note that despite the overall reduction in large state facility populations, the number of releases relative to the total resident population in small (1-15 residents) state facilities was considerably greater than the ratio in large facilities (14.3% versus 8.0%). This was more than compensated by the much higher rates of new admissions to the small facilities (21% versus 4.2%). Readmissions were rare to small facilities, as were deaths. The latter to some extent is probably accounted for by the tendency for small community-based facilities to use community health care facilities in the event of serious illness, reporting a release to a hospital rather than a death at home. Large state facilities on the other hand generally treat serious illness "in-house" and, therefore, are much more likely to have residents die while in residence. The higher death rate in large state facilities is also greatly affected by their older, more severely handicapped clientele.

Previous place of residence. Table 2.7 presents summary statistics on the previous place of residence of persons newly admitted to large and small state facilities and readmitted to large state facilities (only 3 readmissions to small facilities were reported). With respect to previous placement of new admissions to state-operated facilities, notable differences were evident between large and small facilities. For example, the most

Table 2.7

Previous Placement of Persons Admitted or Readmitted to State-Operated Residential Facilities in Fiscal Year 1985

Characteristic	Facility Size 1-6	7-15	16+	Total
Previous Placement of New Admissions				
Parents/relatives	9.1%	10.6%	39.2%	35.5%
Foster home	5.7%	9.5%	3.5%	4.2%
Group home (1-15)	26.1%	18.4%	5.6%	7.4%
Residential facility (16-63)	6.8%	10.9%	3.5%	4.4%
Private institutions (64+)	.0%	.8%	1.8%	1.7%
State institutions (64+)	47.7%	40.9%	20.6%	23.4%
Boarding home	.0%	2.5%	.5%	.7%
Nursing home	1.1%	1.1%	1.6%	1.6%
Semi-independent living	3.4%	1.4%	.3%	.5%
Independent living	.0%	.0%	.7%	.6%
Mental health facility	.0%	.6%	13.6%	11.9%
Correctional facility	.0%	.8%	2.3%	2.1%
Other	.0%	2.5%	6.7%	6.1%
	100.0%	100.0%	100.0%	100.0%
Previous Placement of Readmissions				
Parents/relatives	*	*	36.8%	
Foster home			7.1%	
Group home (1-15)			19.7%	
Residential facility (16-63)			4.1%	
Private institutions			2.5%	
State institutions			7.4%	
Nursing Home			1.2%	
Boarding home			2.0%	
Semi-independent living			.4%	
Independent living			.6%	
Mental health facility			8.5%	
Correctional facility			1.7%	
Other			7.9%	
			100.0%	

*Small facilities had too few readmissions to specify previous placement.

common previous placement of persons admitted to large state facilities was parents' or relatives' home (about 35%). Less than 10% of small facility new admissions came from their natural family home. Conversely 42.0% of small state facility residents came from large state institutions (at least 64 residents) while only 20.6% of new admissions to large state facilities were transfers from other state institutions. Small state facilities were also much more likely than large state facilities to draw their new admissions from community-based facilities, including foster homes, small group residences, or semi-independent living arrangements.

These statistics suggest that states continue to rely on large state facilities as a point of entry into their long-term care systems. The logic and impact of continuing to place persons coming from family settings into institutions, particularly in light of the increasing probability that they will later be returned to community settings should obviously be questioned. These statistics also show rather clearly that a major factor in states' development of small state facilities is to provide directly for persons already in their state institutions. The extent to which states, in doing this, provide residential alternatives that are different in both location and quality of experience than their larger institutions is obviously central to the success of small state facility development.

Previous placement of readmissions. Table 2.7 also presents summary statistics on the previous living arrangement of persons readmitted to large state facilities during Fiscal Year 1985. For the most part readmissions to large state facilities appear to follow efforts to reestablish persons with mental retardation in community living arrangements. In Fiscal Year 1985, 36.8% of readmissions were reported to follow the return of individuals to their natural families. Another 29.0% of readmissions were reported to follow efforts to place persons in other community living arrangements. The fact that in FY 1985 the readmission rate from natural families (36.8%) was double the release rate to natural families (17.1%) continues to justify concerns about the adequacy of support

available in our society for families caring for members with mental retardation.

PART III: Longitudinal Trends in Large State-Operated Residential Facilities, 1950-1986

Part III of this report presents a longitudinal view of changing patterns in the placement of persons with mental retardation in state-operated residential facilities from 1950 to 1986. The data presented here are limited to large state-operated facilities (i.e., those with at least 16 residents). As noted in Part I and Part II, in recent years states have begun to develop small state-operated facilities as well. On June 30, 1985 there were 552 such facilities with an estimated FY 1985 average daily population of 4,029. On June 30, 1986 there were 593 small state-operated facilities with an estimated average daily population in FY 1986 of 4,454. The statistics presented here are national totals rather than state-by-state statistics presented earlier.

The data used in Part III to demonstrate trends in residential services derive from several sources. Data from 1950 to 1968 are from the National Institute of Mental Health Surveys of "Patients in Institutions" (for persons with mental retardation and mental illness). Data on state mental retardation facilities for Fiscal Years 1969 and 1970 come from two state agency surveys conducted by the Division on Mental Retardation, now the Administration on Developmental Disabilities. Data from 1971 through 1977 come from the National Association of Superintendents of Public Residential Facilities for the Mentally Retarded biannual surveys of state institutions conducted by Richard Scheerenberger. Data from 1969 to 1977 on persons in PRF/MR are supplemented with data on PRF/Other from the National Institute of Mental Health surveys of "Patients in State and County Mental Hospitals" from 1970 to 1977. Data on PRF/MR and PRF/Other for Fiscal Years 1978 to 1986 come from statistics gathered by the Center for Residential and Community Services as part of the series discussed in Part I of this report. The reference list includes specific sources of the surveys and statistical summaries used to complete this report. Appendix C provides notes on the specific uses of data from these sources.

Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities

The gradual depopulation of state-operated residential facilities for persons with mental retardation has been apparent in national statistics since 1967. There has been a decreasing total residential population in state institutions for all types of mental disability since 1956. Although the total population in state mental hospitals peaked in 1955, the number of persons with a primary diagnosis of mental retardation in state-operated facilities primarily for persons with mental illness (i.e., PRF/Other) continued to increase until 1961. In 1961, there were nearly 42,000 persons with mental retardation in such facilities. The combined total of persons with mental retardation in state-operated residential facilities (PRF/MR and PRF/Other) in 1961 was 209,114. By 1967 the number of persons with mental retardation in state hospitals for persons with mental illness had decreased to 33,850, but the total number of persons with mental retardation in all state-operated residential facilities had increased to 228,500, 194,650 of whom were in state mental retardation institutions. This was the highest total ever.

Since 1967 the number of persons with mental retardation in all state-operated residential facilities has decreased by more than 50%. During this period the numbers of persons with mental retardation in PRF/Other decreased considerably more rapidly than did the number of persons with mental retardation in PRF/MR. The different rates of depopulation reflect a number of factors. For one, the general rate of depopulation of state mental health facilities has been much more rapid than the rate of depopulation of state mental retardation facilities. Between 1965 and 1975 the total population of state mental health institutions decreased from about 475,000 to 193,500 residents. This rapid depopulation and frequent closing of facilities caused major reductions in residents with all types of mental disability, including mental retardation. Relatedly over the years, many PRF/Other became primarily dedicated to mentally retarded populations. Certainly a driving force in the reduction of residents with mental retardation in PRF/Other has

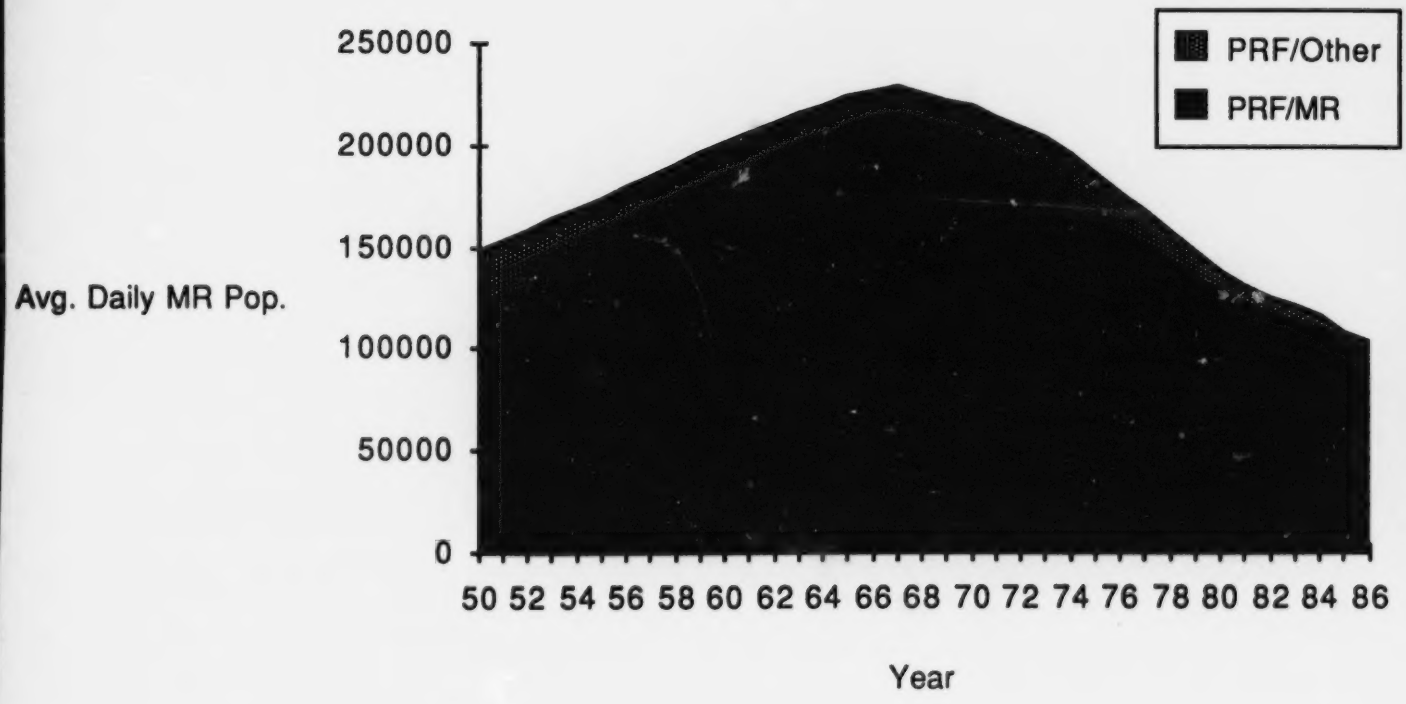
been the general movement toward deinstitutionalization and specific concerns about the appropriateness of placement in psychiatric facilities. However, extremely important, too was the Medicaid legislation in the late 1960s and early 1970s which allowed states to obtain federal cost-sharing of residential services to persons with mental retardation in mental retardation facilities and in nursing homes but continued exclusion of institutions for mental diseases. Figure 1 shows the relative contribution of PRF/MR and PRF/Other to the total average daily population of persons with mental retardation in large state-operated residential facilities. The average daily number of persons with mental retardation in large PRF/MR in FY 1986 (100,190) was only about 51.5% of the average number in large PRF/MR in 1967. More notably the average number of persons with mental retardation in all large state institutions in FY 1986 (103,300) was just 45% of the average number in FY 1967 (228,500).

Data Points for Figure 1: Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities, 1950-1986

Year	PRF/MR	PRF/Other*	Total
1950	124,304	23,905	148,209
1955	138,831	34,999	173,830
1960	163,730	37,641	201,371
1965	187,305	36,825	224,130
1967	194,650	33,850	228,500
1970	186,743	31,884	218,627
1973	173,775	30,237	204,012
1977	151,532	15,524	167,056
1980	128,058	9,405*	137,463
1981	122,898	7,866*	130,764
1982	117,160	7,865*	125,026
1984	111,333	5,096*	116,429
1985	103,629	4,536*	108,165
1986	100,190	3,106*	103,296

Note: PRF/Other mentally retarded populations are estimated (see notes in Appendix C)

Figure 1
Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities, 1950-1986



Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities per 100,000 of the General Population

Since 1967 there has been a substantial decrease in the number of people with mental retardation in state-operated residential facilities (see Figure 1). But as great as that reduction has been in total number of residents, it is even more substantial when indexed for the growing total population of the United States. Indexing the populations of state-operated facilities per 100,000 of the general population permits a better picture of the relative use of state-operated facilities as residential placements for persons with mental retardation. The average annual "placement rates" per 100,000 of the general U.S. population for PRF/MR and PRF/Other are shown in Figure 2.

The trends in the "placement rates" of persons with mental retardation in state-operated residential facilities are generally similar to those for the total populations with mental retardation. However, the rate of change in the placement rate is substantially greater because the U.S. population has increased as the population of state-operated facilities has decreased. Another notable difference between the two figures is in their peak years. While the total number of persons with mental retardation residing in all state-operated residential facilities and the number residing in facilities primarily for persons with mental retardation peaked in 1967, the placement rate of persons with mental retardation in all state-operated facilities peaked in 1965 at 115.8 per 100,000 of the general population. This compares with 43.3 in FY 1986. The highest placement rate in state-operated facilities primarily for persons with mental retardation was in 1967. That year's placement rate of 98.6 compares with the 1986 rate of 42.0.

As noted in the discussion of Figure 1, to some extent the rapid decrease in the placement rate in "PRF/Other" facilities between 1973 and 1977 may reflect changing definitions. During that period some facilities historically serving mentally ill populations either through official or operational designation became facilities primarily serving persons with mental retardation. Others developed specific administratively distinct units

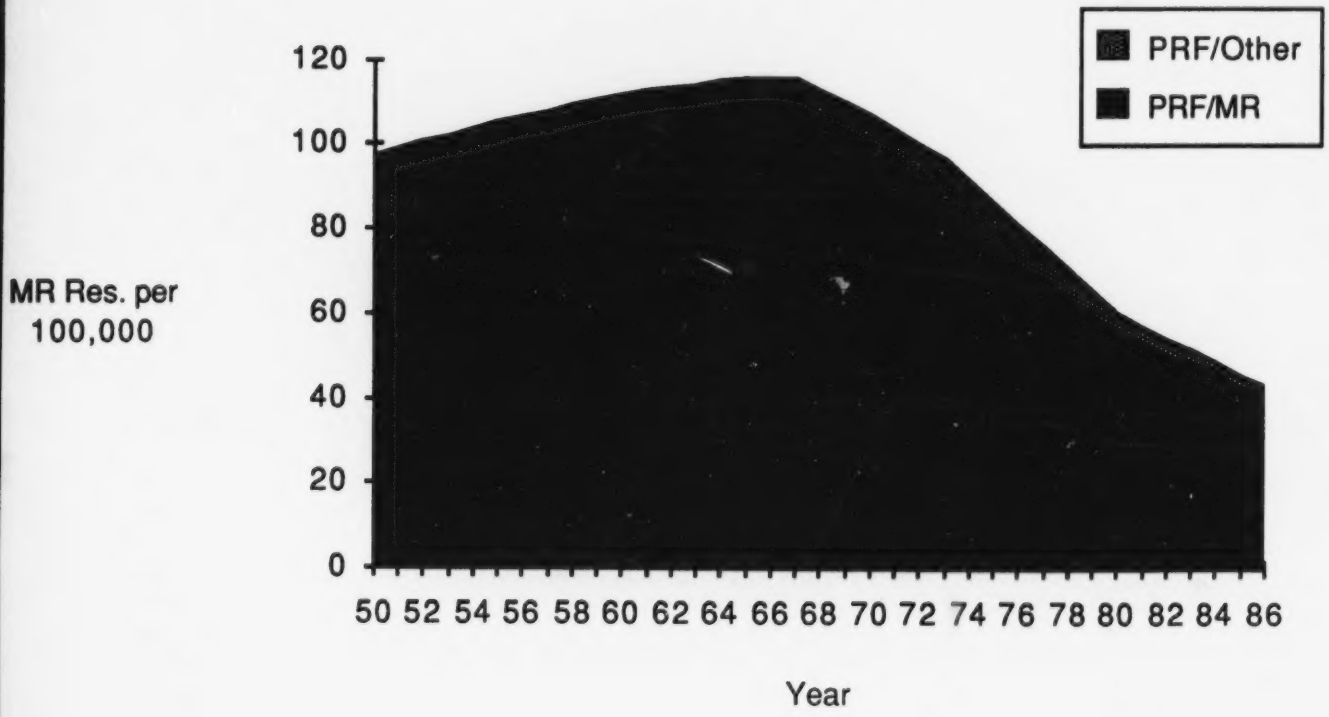
of traditional psychiatric facilities for these purposes. The decrease shown between 1977 and 1980 was to a minor extent affected by the inclusion in the PRF/Other totals only those residents with mental retardation in mental retardation units or in PRF/Other with 10 or more residents with mental retardation. But far more important in this trend were the major changes in philosophy and reimbursement of care (noted in the text accompanying Figure 1) that brought considerable disfavor to providing residential services to persons with mental retardation in psychiatric facilities. The statistics in Figure 2 show clearly a substantial decrease in the rate of placement of persons with mental retardation in state-operated residential facilities. The placement rate in 1986 for large PRF/MR was only 42.6% of the 1967 placement rate. The placement rate for all large state-operated facilities in 1986 was just 37.4% of the 1967 placement rate.

Data Points for Figure 2: Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities per 100,000 of the General Population, 1950-1986

Year	U.S. Population in 100,000s on 7/1	PRF/MR	PRF/Other*	Total
1950	1,518.68	81.85	15.74	97.59
1955	1,650.69	84.10	21.20	105.30
1960	1,799.79	90.97	20.91	111.88
1965	1,935.26	96.79	19.03	115.82
1967	1,974.57	98.58	17.14	115.72
1970	2,039.84	91.55	15.63	107.18
1973	2,113.57	82.22	14.31	96.53
1977	2,197.60	68.95	7.06	76.01
1980	2,272.36	56.35	4.14	60.49
1981	2,295.42	53.54	3.43	56.97
1982	2,318.22	50.54	3.39	53.93
1984	2,361.58	47.14	2.16	49.30
1985	2,382.91	43.49	1.90	45.39
1986	2,387.70	41.96	1.30	43.26

Note: PRF/Other populations are estimated (see notes in Appendix C).

Figure 2
Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities per 100,000 of the General Population, 1950-1986



Movement Patterns of People with Mental Retardation in Large State-Operated Residential Facilities

From the beginning of this century, until the mid-1960s resident movement statistics of state-operated residential facilities for persons with mental retardation were relatively stable. During that period first admissions and discharges both steadily increased, but state facility populations grew as first admissions substantially outnumbered discharges. During this same period readmissions remained relatively low because once placed, people tended to remain institutionalized. From 1904 to 1955 the annual number of deaths in state institutions increased substantially, but death rates (deaths per 1,000 average daily population) decreased steadily from 41.3 to 19.3. By the mid-1960s these historical patterns began to change. In 1965 the number of first admissions to state-operated facilities began to decrease, dropping below the increasing number of discharges by 1968. Although the number of readmissions began to increase substantially in the mid-1960s, the sum of first admissions and readmissions has remained below the total number of discharges ever since 1968. In recent years, the number of discharges has fallen below the numbers apparent in the first 12 years of institution depopulation, the high point being almost 17,000 in 1979. In 1986 there were about 9,400 discharges, up considerably from 8,300 the previous two years. Readmissions have also decreased substantially since 1978. Over that period both readmissions and new admissions have been fairly equal.

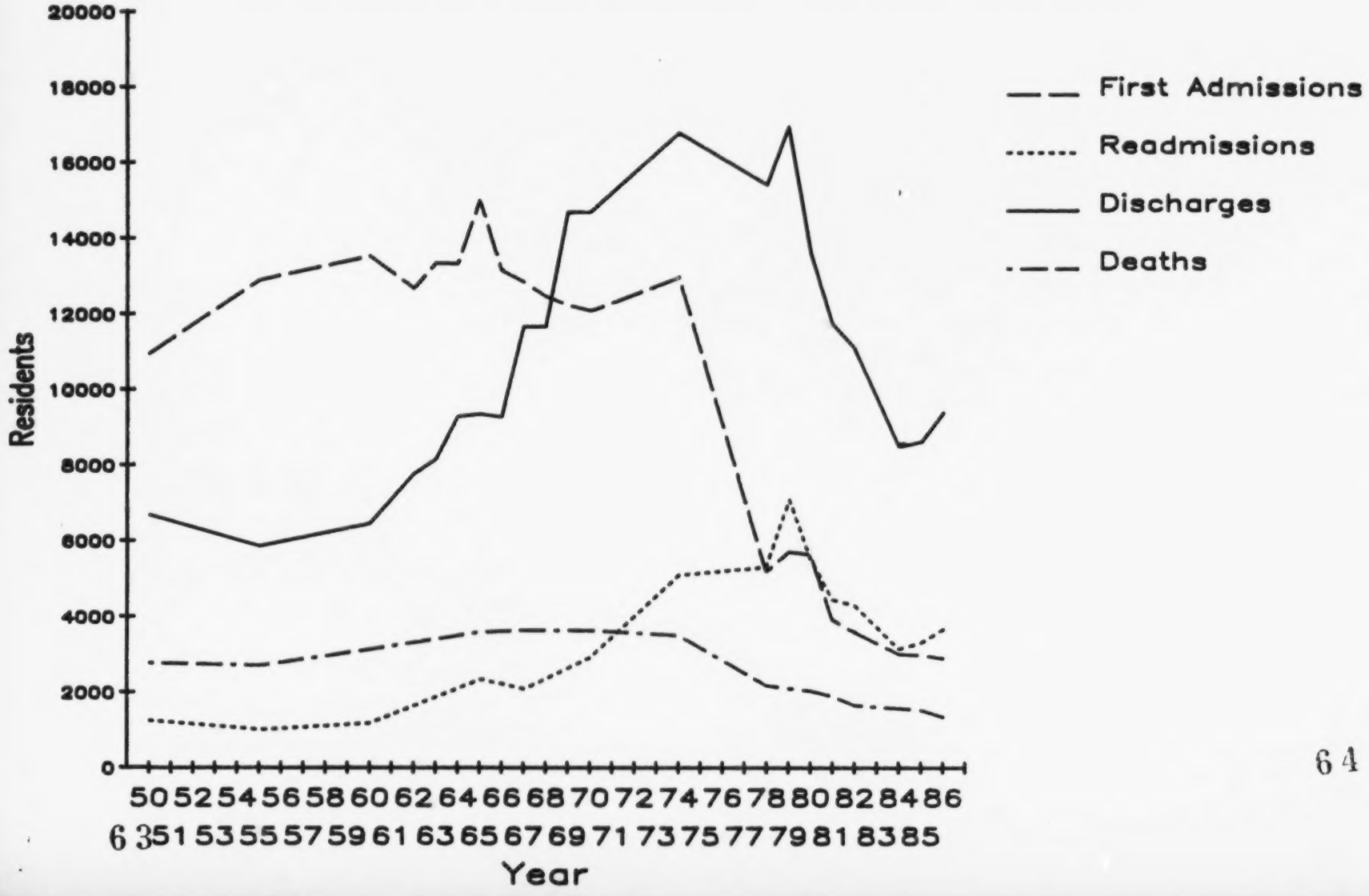
If deinstitutionalization literally connotes a process of discharging people from institutions, Figure 3 shows clearly that it has also encompassed important efforts to avoid initial institution placements. The resident movement patterns shown in Figure 3 indicate that this latter "preventative" policy (i.e., reducing first admissions to state institutions) has actually accounted for relatively more of the reduction in state mental retardation facility populations over the past decade than has the number of releases, although both clearly have been crucial to the deinstitutionalization process. In the seven year period from 1979 to 1986 there were substantial decreases in both new admissions to

and discharges from state-operated facilities (from 5,713 to 2,879 and from 16,980 to 9,399 respectively). However, first admission and discharge rates have been relatively stable in the last three years, with small decreases in first admissions and moderate increases in discharges. After decreasing substantially from 1979 to 1984, readmissions between 1984 and 1986 increased rather substantially (3,131 to 3,656). Total deaths and, even more notably death rates (i.e., deaths per 1,000 average daily residents) have continued to fall despite more severely handicapped and older state institution populations.

Data Points for Figure 3: Movement Patterns of Persons with Mental Retardation in Large State-Operated Residential Facilities, 1950-1986

Year	First Admissions	Readmissions	Discharges	Deaths
1950	10,960	1,237	6,672	2,761
1955	12,902	1,004	5,845	2,698
1960	13,534	1,161	6,451	3,133
1962	12,666	NA	7,764	NA
1963	13,347	NA	8,156	NA
1964	13,325	NA	9,292	NA
1965	15,008	2,359	9,358	3,585
1966	13,140	NA	9,268	NA
1967	12,834	2,070	11,665	3,635
1968	12,447	NA	11,675	NA
1969	12,226	NA	14,701	NA
1970	12,075	2,904	14,702	3,621
1974	12,982	5,093	16,807	3,496
1978	5,183	5,325	15,412	2,154
1979	5,713	7,089	16,980	2,087
1980	5,630	5,511	13,622	2,019
1981	3,887	4,442	11,713	1,873
1982	3,569	4,275	11,076	1,634
1984	2,992	3,131	8,484	1,555
1985	2,966	3,310	8,619	1,508
1986	2,879	3,656	9,399	1,322

Figure 3
Movement Patterns of Persons with Mental Retardation in
Large State-Operated Residential Facilities, 1950-1986



Annual Per Capita Costs for Care in Large State-Operated Residential Facilities for People with Mental Retardation

The costs of care provided in state-operated residential facilities for people with mental retardation have increased dramatically since 1950, when the annual cost of care for state-operated facility residents was about $750.00. Thirty-six years later the cost of care in state residential facilities was on the average about $48,000 per year. Even in dollars adjusted for changes in the Consumer Price Index over this period, costs of care in 1986 were over 14 times as great as in 1950. Figure 4 shows the trends in residential care costs in both actual and adjusted dollars (1$=1967) between 1950 and 1986. In terms of "real dollar" change, the annual cost of care in state residential facilities for people with mental retardation increased from just over $1,000 to nearly $15,000 over the 26 year period. That rate of increase represents an annual after inflation compounded growth of over 11% person per year.

A number of factors have contributed to the increasing costs of residential care. One contributing factor has been the increasingly disabled population of persons served in state-operated facilities. For example, in 1940 about 65% of all residents of state-operated facilities for mentally retarded people had borderline, mild, or moderate retardation. In 1964, 40% of residents were so classified. By 1977, that proportion had decreased to 27% and in 1985, only 18% of all residents were identified as having borderline, mild, or moderate retardation (see Part II). Associated with these changes have been increased intensity and specialization of professional staff and the relatively lower reliance on residents in operating and maintaining facilities.

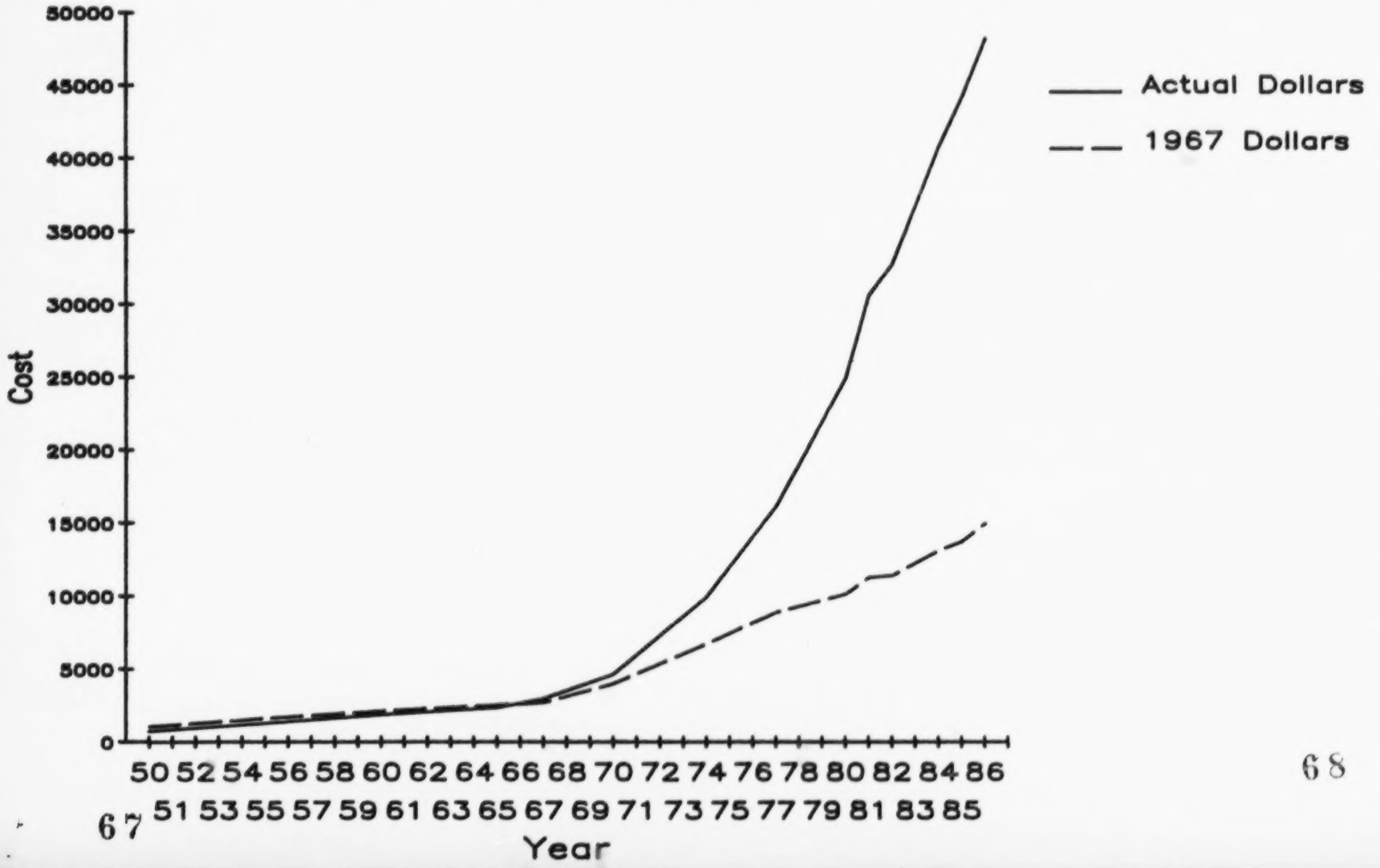
Other important contributions to increasing costs have come from legislative and judicial efforts to upgrade the quality of living and habilitation provided within public residential facilities. While the desire to improve care in state-operated facilities was evident in the 1950s and 1960s, two major factors began to exercise considerable upward pressure on the costs of care in the early 1970s. The first of these was the Intermediate

Care Facility for the Mentally Retarded (ICF-MR) program enacted in 1971. This program currently offers Federal sharing through Medicaid of 50%-78% of the costs of residential care under the condition that facilities meet fairly demanding program, staffing, and physical plant standards. This program has significantly cushioned the impact of rapidly increasing institution costs for the states. For example, in 1970, one year before enactment of the ICF-MR program, the average annual per resident cost of state institution care was about $4,000. In 1986, with the average annual per resident cost in real dollars nearly $11,000 more, states' share of those increases was only about $2,800 per resident per year. Court decisions and settlement agreements have also had significant impact on institution costs nationally in their frequent requirement of substantial effort by states to upgrade the quality of supervision, habilitation, and residential environments in state-operated residential facilities.

Data Points for Figure 4: Average Annual Per Capita Costs of Care in Large State-Operated Residential Facilities for People with Mental Retardation, 1950-1986

Year	Cost	Cost (1$=1967)
1950	745.60	1,034.15
1955	1,285.50	1,603.02
1960	1,867.70	2,104.90
1965	2,361.08	2,498.02
1967	2,965.33	2,695.33
1970	4,634.85	3,985.25
1974	9,937.50	6,728.17
1977	16,143.95	8,894.74
1980	24,944.10	10,127.30
1981	30,645.40	11,246.86
1982	32,758.75	11,400.04
1984	40,821.60	13,103.73
1985	44,270.85	13,723.96
1986	48,205.55	14,943.72

Figure 4
Average Annual Per Capita Cost of Care in Large State-Operated Residential Facilities for People with Mental Retardation, 1950-1986



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APPENDICES

CENTER FOR RESIDENTIAL AND COMMUNITY SERVICES

207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, MN 55455
(612) 624-6328

February 19, 1987

Dear Data Provider:

From 1978 to 1985 the Center for Residential and Community Services (CRCS) has conducted state surveys to gather statistics on persons with mental retardation in state-operated residential facilities. Background information on this Recurring Data Set Project, actually begun by Administration on Developmental Disabilities in 1969, is contained in Project Report #21, *Persons with Mental Retardation in State-Operated Residential Facilities: Years Ending June 30, 1984 and June 30, 1985 with Longitudinal Trends from 1950 to 1985.* This report was mailed to you approximately one month ago. Earlier reports have covered years 1978 to 1982. Copies of any of these reports are available to you free upon request.

This year's questionnaire, which is enclosed, requests data for Fiscal Year 1986. It consists of three parts. Part I asks for data regarding state-operated facilities; Part II asks for data on non-state operated facilities (usually private, but in some states operated by counties or regional agencies); Part III asks for additional data on public and private ICF-MRs (ICF-MRs should also be included in Parts I and II).

Attached to Part I of the questionnaire is a list of state-operated facilities from last year's (1985) survey. It includes state institutions and state-operated community-based residential facilities for mentally retarded people, as well as other state-operated residential facilities designated primarily for persons with other handicaps (e.g., a mental health facility) but which house 10 or more mentally retarded people (whether or not in a special MR unit).

Please try to complete this questionnaire within 30 days. If you have any questions about any aspect of this survey, please call **Carolyn White (612-624-5510) or Brad Hill (612-624-7337)**. Please return completed surveys or individual sections, using the enclosed envelope to: Carolyn White, CRCS, 207 Pattee Hall, 150 Pillsbury Drive S.E., Minneapolis, MN 55455.

Thank you for your help in completing this survey. We may phone you for clarification of some of the figures. We will send you a draft of our report before it is published.

Sincerely,

Carolyn White
Project Coordinator

Enclosures

Part 1. Mentally Retarded People in State Operated Residential Facilities, Fiscal Year 1986.

In this section statistics are requested for state operated (staffed by state employees) facilities. Please mark estimated numbers with an "e". If data are not available for specific cells, please indicate this with "UNK" (unknown) and use "0" to indicate "0". Please provide totals even if data are not available for specific size breakdowns. If the totals provided are from a date other than 6/30/86 please indicate the date used: _____.

	Small (1-15 bed) state operated MR residences		Large (16+ beds) state operated MR residences		Total state operated MR residences	Other state operated residences (10+ MR res.)
Number of state operated facilities (6-30-86)		+		=		
MR Residents on roll beginning year (7-1-85)		+		=		
+ First admissions		+		=		
+ Readmissions		+		=		
- Releases		+		=		
- Deaths		+		=		
MR Residents on roll end of year (6-30-86)		+		=		
Average daily residents on site		+		=		
Per diem (avg. daily cost of care per resident)						

Definitions

MR residence - a state institution or community-based facility designated to be primarily or exclusively for persons with mental retardation.

Other state operated residence - a state operated residential facility designated primarily for persons with disabilities other than mental retardation (e.g., a mental health facility) but in which reside 10 or more persons with a primary diagnosis or formal dual diagnosis of mental retardation, whether or not in a special MR unit.

Residents on roll - the number of mentally retarded people on the rolls of state operated facilities on 7/1/85, including residents on temporary leave or trial placement that lasted less than one year.

First admissions - the number of mentally retarded residents admitted between 7-1-85 and 6-30-86 who had never before lived in any of your state operated facilities. Please do not include respite care residents or transfers between state operated facilities as either admissions or releases.

Readmissions - the number of mentally retarded residents who had at one time lived in a state operated facility and were readmitted to a state operated facility from a non-state operated facility between 7/1/85 and 6/30/86.

Releases - the number of people with a primary diagnosis of mental retardation who were released and removed from the rolls of state operated facilities between 7/1/85 and 6/30/86. Please do not include releases from respite care or transfers to other state operated facilities.

Deaths - the number of people with a primary diagnosis of mental retardation who died while on the rolls of state operated residential facilities between 7-1-85 and 6-30-86.

On roll end of year - the number of mentally retarded residents on roll at the beginning of the year, plus admissions and readmissions, minus releases and deaths, should equal the number on roll at the end of the year.

Average daily residents - the average number of mentally retarded residents who were on site (slept) in these facilities each day during Fiscal Year 1986.

PLEASE check all that apply:

___ 1. First admissions, readmissions, and releases are according to the above definitions.
___ 2. People counted as first admissions may have previously lived in a different state operated facility; people were counted as readmissions only if readmitted to the same facility from which they were released.
___ 3. Transfers between state operated facilities were counted as releases and admissions/readmissions.

Completed by: _____ Phone: _____

Please return to: Carolyn White
CRCS - University of Minnesota
207 Pattee Hall, 150 Pillsbury Drive S.E.
Minneapolis, MN 55455
Phone: 612 624-5510

Sent to:

Appendix B

State Notes

AL Data are reported for fiscal year ending on September 30 each year. Numbers of "Residents on Roll" in state-operated facilities include some residents on respite and evaluation status.

AR Transfers between state-operated facilities were counted as releases and admissions/readmissions.

CA The eight state-operated facilities formerly designated "State Hospitals" are now called Developmental Centers. The Department of Mental Health provides services through an inter-agency agreement with the Department of Developmental Disabilities to about 90 persons with developmental disabilities at Napa State Hospital.

CO The figures for residents on roll in large state-operated facilities include respite care residents; transfers between state-operated facilities were counted as releases and admissions/readmissions.

DC Admissions to Forest Haven (the large District-operated facility) are closed except for respite clients. The mentally retarded population in St. Elizabeth's Hospital, the Federally operated mental health institution, is currently being identified as the D.C. government works on the transition of the hospital to the auspices of the District.

FL Size categories in Florida are 1-16 beds and 17+ beds for all parts of the survey.

GA Transfers between state-operated facilities were counted as releases and admissions/readmissions. Georgia has eight physically separate facilities that are considered to be separate for licensing purposes. Two of the facilities have "sister" facilities that share administration. Southwestern State Hospital Thomasville (a mental health facility with a unit serving persons with mental retardation) shares administration with Bainbridge State Hospital and School (a facility exclusively for

person with mental retardation). Georgia Retardation Center-Atlanta shares administration with Georgia Retardation Center-Athens. Both of these facilities serve only mentally retarded populations. Georgia also has group residences that are state funded, contracted to local Boards of Health for operation, and staffed by county employees who work under state guidelines and the state merit system. These facilities are not included in this summary.

IA Transfers between state-operated facilities were counted as releases and admissions/readmissions.

ID Transfers between state-operated facilities were counted as releases and admissions/readmissions.

IL Tţansfers between state-operated facilities were counted as releases and admissions/readmissions.

IN Average daily residents on site counts those present and those on short visits. Per diem figures for state-operated facilities indicate expenditure of state appropriated funds only. Five facilities previously categorized in these reports as PRF/Other are listed as PRF/MR in this report.

KY Outwood Campus, listed as a state-operated facility in Fiscal Year 1985, is now operated under contract with private management.

LA What is provided for the per diem is the accepted rate for Fiscal Year 1985/86, a prospective rate based on budgets that are submitted and approved through the Rate Setting process. Transfers between state-operated facilities were counted as releases and admissions/readmissions.

MA Transfers between state-operated facilities were counted as releases and admissions/readmissions.

MD Transfers between state-operated facilities were counted as releases and admissions/readmissions.

ME Transfers between state-operated facilities were counted as releases and admissions/readmissions.

MI Movement data could not be provided as it is aggregated at the state level with movement from nonstate-operated ICF/MR.

MN Historically, Minnesota had 8 public institutions for persons who were mentally retarded and/or mentally ill. One has been closed. Two of these were originally state mental retardation institutions and 5 were state mental health institutions. In an effort to regionalize residential services, there are now distinct mental retardation units in all public facilities. Since the two types of facility are now essentially the same, all have been categorized for this report as PRF/MR. Transfers between state-operated facilities were counted as releases and admissions/readmissions.

MO Four additional sites are reported for PRF/MR 16+ beds; two are administered by one of the five Habilitation Centers and two by Regional Centers. Transfers between state-operated facilities were counted as releases and admissions/readmissions.

ND Transfers between state-operated facilities were counted as releases and admissions/readmissions.

NH Transfers between state-operated facilities were counted as releases and admissions/readmissions.

NJ New Jersey Developmental Centers are basically closed to admissions and readmissions except on an emergency basis, therefore data are not kept on that statistic.

NM Transfers between state-operated facilities were counted as releases and admissions/readmissions.

NV Transfers between state-operated facilities were counted as releases and admissions/readmissions.

NY Data for two discrete mental retardation units are included with PRF/MR, 16+ beds, but are not counted as separate facilities. Data are for fiscal year ending March 31.

PA Woodhaven Center was transferred to private operation on October 1, 1985.

TX Figures are reported for Fiscal Year September 1 to August 31. Texas maintains the type of information requested for residents only on those clients who reside in the large state schools. The estimated number of residents in small PRF/MR was based on capacity of those facilities. State school statistics do not distinguish between respite and non-respite admissions.

WA The combined admission statistic reported by Washington for PRF/MR was divided into first admissions and readmissions according to the 1985 proportion in those two categories. Transfers between state-operated facilities were counted as releases and admissions/readmissions.

WV Transfers between state-operated facilities were counted as releases and admissions/readmissions.

Appendix C

Procedures, Assumptions, and Limitations in Longitudinal Data Presentation

The following notes refer to the statistics used to develop Figures 1-4 of Part II of this report. The notes appear under the Figure to which they pertain. Full citation of these documents referred to here are found in the "References" section of this report.

Figure 1: Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities, 1950-1986

Data presented in Figure 1 for years 1950, 1955, 1960, 1965, and 1967 are from the National Institute of Mental Health, "Patients in Institutions." Data for nonreporting facilities were proportionally adjusted from the data of reporting facilities. Data for 1970 are from Office of Mental Retardation (Current Facility Reports) and NIMH (1975). Data for 1973 are from Scheerenberger (1974) and NIMH (1975). Data for 1977 are from Scheerenberger (1978) and NIMH (1979). Data for 1978-1986 are from the surveys of the Center for Residential and Community Services in this series. Because of the rapidly dwindling populations of people who are mentally retarded in mental hospital units not primarily for mentally retarded people (estimated at about 2,000 currently), and because of the tendency toward regionalization of state facilities (whereby a facility is used for both mentally retarded and mentally ill populations in a particular catchment area), a clear distinction between PRF/MR and PRF/Other cannot always be made. For example, in FY 1986 state-operated facilities in both Minnesota and Indiana were reclassified from PRF/Other to PRF/MR. For comparability in the most recent statistics, data from the Minnesota and Indiana facilities classified as PRF/Other in 1984 and 1985, but as PRF/MR in 1986, have been incorporated into the longitudinal movement data for FY 1984 and FY 1986. Some minimal duplicative counting may have occurred in the 1960s and 1970s in the statistics of mental retardation facilities and units for people with mental retardation within mental health facilities. After 1977 state reported statistics on PRF/Other

evidenced two problems leading to some degree of undercounting: 1) a number of states were unable to report statistics on persons with mental retardation in PRF/Other, and 2) respondents were asked only to report persons with mental retardation in facilities with 10 or more mentally retarded residents. The former problem has improved considerably in the last few years, the latter has a minor effect on statistical trends after 1977.

Totals for the mentally retarded population of PRF/Other for nonreporting facilities for the years 1950-1977 were estimated from the totals of reporting facilities. During this period, the facility response rate for the annual NIMH surveys was never less than 87.7%. Totals for the mentally retarded population of PRF/Other for nonreporting states for the years 1980-1986 were estimated from the totals of reporting states. During this period the number of states not reporting PRF/Other populations ranged from 2 to 8. In FY 1986, average daily residents of PRF/Other were estimated for 6 states not able to report those data (see Part I).

Figure 2: Average Daily Population of Persons with Mental Retardation in Large State-Operated Residential Facilities, 1950-1986.

The statistics presented in Figure 2 are drawn from the same sources as the statistics present in Figure 1. The average daily resident population statistics have been indexed by the Bureau of the Census population statistics for U.S. population in 100,000s for each year presented in Figure 2. (Bureau of the Census. *Statistical Abstract of the United States* [annual]. Washington, DC: U.S. Government Printing Office.) The value of these statistics is that it controls increases and decreases in the use of state institutions for growth in population.

Figure 3: Movement Patterns of Persons with Mental Retardation in Large State-Operated Residential Facilities, 1950-1986.

Data for total first admissions, readmissions, discharges, and deaths are from National Institute of Mental Health reports from 1950-1967, Administration on

Developmental Disabilities surveys for 1968-1970; National Association of Superintendents (Scheerenberger) survey for 1974; Center for Residential and Community Services surveys for 1978-1985. Estimations were made for nonreporting states by assuming rates of first admissions, readmission, and discharge equal to those of reporting facilities.

Figure 4: Average Annual Per Capita Costs of Care in Large State-Operated Residential Facilities for People with Mental Retardation, 1950-1986.

Data for Figure 4 come from the same sources as the statistics on populations of state-operated mental retardation facilities reported in Figure 1. Missing data were minimal (reporting rates were 95% or greater for data elements). Because points are means of state averages until 1984, no adjustments were made for nonreporting facilities. State cost statistics for 1984, 1985, and 1986 have been weighted by the number of PRF/MR residents in that state. Adjustments of cost to 1967 dollars are based on the Department of Labor's Consumer Price Index multipliers, as reported in the Statistical Abstract of the United States (published annually by the U.S. Bureau of the Census).

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